National Institutes of Health

Part II

Evaluation Plan

FY 1982

U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES
Public Health Service
National Institutes of Health
Bethesda, MD 20205

NATIONAL INSTITUTES OF HEALTH

EVALUATION PLAN

FY 1982

Part II

Project Proposals
Documentation Center Sheets

October 1981

Prepared by the
Office of Program Planning and Evaluation
National Institutes of Health

For Administrative Use

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service National Institutes of Health

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INTRODUCTION

The NIH FY 1982 Evaluation Plan is presented in two volumes. Part I outlines the evaluation program strategy of the Office of the Director and of each of the NIH Bureaus, Institutes, and Divisions (BIDs). These presentations are followed by "impact statements," which describe the results, recommendations, and effects on programs of some completed evaluations.

Part II contains descriptive outlines of projects proposed for funding in FY 1982 and summary descriptions of ongoing and recently completed evaluation projects. Lists of titles and budgets for all current evaluation activities, including proposed projects, follow this introduction.

New proposals, extensions of ongoing projects, and resubmitted projects have been discussed and reviewed at both the Institute and OD/NIH levels. The OD/NIH review was collegial and advisory in nature. Responsibility for approving projects for inclusion in Institute plans rested with Institute directors.

The NIH Evaluation Plan was reviewed jointly by the Offices of the Assistant Secretary for Planning and Evaluation (ASPE) and the Deputy Assistant Secretary for Health Planning and Evaluation, ASH. The results of their review were issued in a memorandum on October 7, 1981. The status codes annotating the projects listed in the budget summary reflect this review and several subsequent exchanges of information. The status of projects and financial information is as of October 31, 1981.

Supplementary information and appeals, as well as new project proposals, are submitted to the Department throughout the fiscal year. Information about the approval and implementation status of evaluation projects can be obtained from the NIH Program Evaluation Branch, Building 1, Room 234, Bethesda, Maryland 20205, or by telephone at (301) 496-4418.

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SUMMARY LIST OF PROJECTS AND BUDGET

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FY 1982 NIH EVALUATION PROGRAM
RECENTLY COMPLETED, ONGOING, AND PROPOSED PROJECTS

Summary Budget Table

Set Aside $ in Thousands; Institute Funds in ( )

BIDs	FY 81	FY 82	FY 83	Future Years
NCI	$ 66	$ 985	$ 463	$ ---
NHLBI	686 (41)	2,205	649	225
NEI	60 (5)	295	50	---
NIA	342	50	---	---
NIAID	--- (50)	55 (3)	28	---
NIADDK	336	450	80	---
NICHD	7	200	---	---
NIDR	9	300	375	---
NIEHS	46	---	---	---
NIGMS	--- (51)	100 (10)	---	---
NINCDS	317	170	150	---
DRR	---	300	---	---
NLM	--- (126)	195 (125)	145 (35)	---
BID TOTAL	2,027 (273)	5,305 (128)	1,940 (35)	225
OD NIH TOTAL	1,183	996	990	---
NIH TOTAL	$3,210 (273)	$6,301 (128)	$2,930 (35)	$ 225

Explanatory Notes And Codes:

Totals for prior years are only for the projects listed; they are not intended to summarize the program as a whole. Project start dates represent actual or estimated dates funds will be obligated and, if applicable, contract awarded. End dates represent time when final reports were, or will be available, ending the project. Institute supplied funds are enclosed in ( ) and treated as non-adds to set aside funds. NYD = Not Yet Determined (Code prior to contract award). Tr = Other office or agency.

Status Codes

A = Conditionally Approved/Deferred by ASH
A = Conditionally Approved/Deferred by ASPE
B = Approved by ASPE
C = Deferred by NIH to Next Fiscal Year
D = ONGOING PROJECTS - Contract Awarded
D = Reports Available, Project Ongoing
E = COMPLETE PROJECTS
F = Project Complete But Reports and/or Summary Documentation Not Yet Available
G = Dropped by NIH
H = Modification or Extension Request Pending Approval
H = Resubmitted by NIH
H = PROPOSED PROJECTS, approved by NIH
I = Disapproved by ASH or ASPE

Evaluation Type Codes

PE = Evaluability Assessment/Exploratory Eval.
PS = Short-Term Evaluations
PF = Full-Scale Evaluations
PP = Program Performance Summary
* = Study mandated by the Congress or Secretary HHS
EE = Effectiveness Evaluations
SS = State of the Science Evaluations
ME = Support Mechanism Evaluations
MD = Methodology Development
RD = Resource and Data Development
M = Multiple Categories

Eval. Project No. / Project Title	Contract No.	Est./Actual Dates Start	Est./Actual Dates (Yr/Mo) End	Status Code	SET-ASIDE FUND EXPENDITURES $ IN THOUSANDS Prior Years $	FY 81 $	FY 82 $	FY 83 $	Future Years $	PROJECT TOTAL $	Page No.
Office of the Director, NIH											
NIH 73-2 Evaluation of the Linkages Between Research Publication and NIH Funding	NO1-OD-1-2109	73/03	83/08	D	713	241	---	---	---	954	3.18
NIH 74-2a Biomedical Scientist Employment Market	NO1-OD-5-2107	74/10	80/09	E	370	---	---	---	---	370	3.19
NIH 75-1 NAS Continuing Study of National Needs for Biomedical and Behavioral Research Personnel	NO1-OD-9-2112	74/10	NYD	D	4,190	517	500	---	---	5,207	3.20
NIH 78-5 Evaluation of the Impact of Clinical Trials on Medical Practice	NO1-HV-8294	78/09	81/10	D	243	158	---	---	---	401	3.22
NIH 79-302 Effectiveness of Computerized Medical Information System	NO1-CL-0-2117	80/06	81/12	D	165	24	---	---	---	189	3.23
NIH 79-303 Analysis of Federally Sponsored Research in Low-Level Ionizing Radiation	NO1-CO-9-5466	79/07	81/10	D	863	73	---	---	---	936	3.24
NIH 80-301 Evaluation of the Consensus Development Process	NO1-OD-0-2131	80/01	83/09	D	567	---	---	---	---	567	3.25
NIH 80-302 Evaluation of Technology Transfer in Patient Management	NO1-OD-0-2109	78/09	82/10	D	(12) 300	160	---	---	---	(12) 460	3.26
NIH 80-304 IOM Study of Health-Related Effects of Marijuana Use and Abuse: A Research Agenda	NO1-OD-0-2114	80/09	81/12	D	340	114	---	---	---	454	3.27
NIH 80-305 Tr (NSF OA NAS 80-138) Assessment of Research Doctorate Programs: Development of an Evaluation Tool		80/06	82/03	D	50	---	---	---	---	50	3.28
NIH 81-301 Evaluation of the Impact of RCDAs on the Recipients of These Awards	C-NYD	82/04	83/12	A	---	---	100	100	---	200	3.4
NIH 81-302 Evaluation of the Present Strategy for the Dissemination of Consensus Development Statements	C-NYD	81/04	82/12	D	---	10	90	590	---	690	3.29
NIH 81-303 Analysis of NIH Data Bases in Support of Program Evaluation	In house	80/10	82/09	D	---	2	23	---	---	25	3.30
NIH 81-305 Evaluation of Planning at the National Institutes of Health	C-NYD	81/01	82/12	A	---	20	140	---	---	160	3.31

Eval. Project No. / Project Title	Contract No.	Est./Actual Dates (Yr/Mo) Start	End	Status Code	SET-ASIDE FUND EXPENDITURES $ IN THOUSANDS Prior Years $	FY 81 $	FY 82 $	FY 83 $	Future Years $	PROJECT TOTAL $	Page No.
NIH 82-301 Effect of Stabilization of Research Grants on Academic and Nonacademic Biomedical Research Programs	C-NYD	81/11	83/10	A	---	---	30	200	---	230	3.9
NIH 82-302 Evaluation of Research Manpower and Training Evaluation Activities	C-NYD	82/01	83/12	B	---	---	75	75	---	150	3.12
NIH 82-303 A Method for Estimating MD Research Activity	C-NYD	81/10	81/12	H	---	---	18	---	---	18	3.15
NIH 99-999 In house (DCRT)/Tr Evaluation Program Support Costs and Computer Services		79/06	82/09	D	8	22	20	25	---	75	---
		OD NIH Total:			(12) $7,809	$1,183	$996	$990	$---	(12) $10,984	
National Cancer Institute											
NCI 77-2 Evaluation of the NCI Science Program Information System	NO1-CO-8-5414	78/09	80/09	F	(15) 150	---	---	---	---	(15) 150	4.32
NCI 77-3 Evaluation of Regulations Affecting the Conduct of Clinical Cancer Research	NO1-CM-8-7173	78/09	81/01	F	294	---	---	---	---	294	4.33
NCI/NHLBI 77-5 Health Education Message Testing System	NO1-CO-7-5360	77/09	81/10	D	172	66	---	---	---	238	4.34
NCI 78-3 Evaluation of the Effectiveness of Cancer Education	NO1-CO-9-5464	79/09	81/10	D	200	---	---	---	---	200	4.35
NCI 80-303 Evaluation of the Impact of Estrogen Receptor Assay on the Clinical Management of Patients with Breast Cancer	NO1-CB-04338	80/09	82/06	D	105	---	---	---	---	105	4.36
NCI 80-304 Evaluation of Comprehensive Cancer Centers Communication Network	C-NYD	81/11	83/11	A	---	---	85	65	---	150	4.3
NCI 81-301 Evaluation of Information Programs' Impact on Public Attitudes Towards Cancer	C-NYD	81/09	83/09	A	---	---	65	285	---	350	4.9
NCI 82-301 Evaluation of the Supermarket Information Distribution System	C-NYD	NYD	NYD	H	---	---	(5) 80	---	---	(5) 80	4.14

Eval. Project No. / Project Title	Contract No.	Est./Actual Dates (Yr/Mo) Start	End	Status Code	SET-ASIDE FUND EXPENDITURES $ IN THOUSANDS Prior Years $	FY 81 $	FY 82 $	FY 83 $	Future Years $	PROJECT TOTAL $	Page No.
NCI 82-302 Evaluation of Activities of the International Cancer Research Data Bank (ICRDB) Program	C-NYD	NYD	NYD	B	---	---	35	15	---	50	4.19
NCI 82-303 Cancer Therapy Evaluation Program (CTEP) Information System	C-NYD	82/03	85/02	H	---	---	295	(98) 98	---	(98) 393	4.22
NCI 82-304 Evaluation of Community Hospital Oncology Programs	C-NYD	NYD	NYC	B	---	---	300	---	---	300	4.25
NCI 82-305 Evaluability Assessment of Cancer Control Programs for Clinical Cooperative Groups	Tr	81/09	NYD	B	---	---	125	---	---	125	4.28
		NCI Total:			(15) $ 921	$ 66	(5) $ 985	(98) $ 463	$ ---	(118) $ 2,435	
National Heart, Lung and Blood Institute											
NHLBI 77-4 Evaluation of Sickle Cell Education	NO1-HD-8-2935	78/09	81/06	F	150	---	---	---	---	150	5.41
NHLBI/NCI 77-5 Health Education Message Testing System	NO1-CO-7-5360	77/09	81/10	D	167	66	---	---	---	233	5.42
NHLBI 78-5 Evaluation of Progress in Pediatric Pulmonary Diseases	C-NYD	78/06	82/10	D	26	2	167	---	---	195	5.43
NHLBI 78-6 Blood and Hypertension Research Manpower Data Base	In house/DCRT	78/06	81/10	D	118	5	---	---	---	123	5.44
NHLBI 78-7 Evaluation of the Impact of Adenine on Blood Banking	NO1-HB-9-2911	79/06	82/06	D	270	75	95	---	---	440	5.45
NHLBI 79-302 Evaluation of Health Hazard Appraisal in Work Setting Preventive Medicine Programs	NO1-HO-9-2934	79/09	81/10	D	308	---	---	---	---	308	5.46
NHLBI 79-304 Evaluation of Sickle Cell Counseling	NO1-HB-1-3006	81/09	84/09	D	---	90	90	---	---	180	5.47
NHLBI 79-309 Evaluation of Hyperlipoproteinemia Dietary Manuals and Physicians' Handbook	NO1-HO-0-2921	80/09	82/02	D	90	---	---	---	---	90	5.48

Eval. Project No. / Project Title	Contract No.	Est./Actual Dates (Yr/Mo) Start	End	Status Code	SET-ASIDE FUND EXPENDITURES $ IN THOUSANDS Prior Years $	FY 81 $	FY 82 $	FY 83 $	Future Years $	PROJECT TOTAL $	Page No.
NHLBI 79-310 Evaluation of Pulmonary ACademic Award Program	NO1-HR-0-2907	80/09	81/10	D	150	---	---	---	---	150	5.49
NHLBI 79-311 Evaluation of Regimen Compliance in Long-Term Clinical Trials	NO1-HV-5-2901	79/06	81/12	D	155	---	25	---	---	180	5.50
NHLBI 80-301 Pilot Evaluation of the SCOR Program (Formerly "Evaluability Assessment of the SCOR Mechanism")	C-NYD	81/07	82/06	D	---	---	130	---	---	130	5.51
NHLBI 80-304 C-NYD/In house Evaluation of Statewide Hypertension Programs		80/06	82/06	D	18	38	124	---	---	180	5.52
NHLBI 80-305 Evaluation of Compliance Improvement Program	In house	79/12	80/11	F	30	---	---	---	---	30	5.53
NHLBI 80-306 Evaluation of the Effect of High Blood Pressure Media Messages on Health Professionals	NO1-HO-0-2924	80/10	81/10	D	28	---	---	---	---	28	5.54
NHLBI 80-307 Evaluation of the Regional Training Workshops for Nutrition Counseling in Hyper-lipidemia for Dietitians and Nutritionists	NO1-HV-02923	80/09	83/09	D	40	40	10	---	---	90	5.55
NHLBI 80-308 Evaluation of the Sickle Cell Disease Health/Science Seminar	NO1-HB-1-3002/DCRT	81/05	83/05	D	---	63	55	47	---	165	5.56
NHLBI 80-309 Evaluation of the DBHR Erythro-poietin Program	263-79-C-0308	80/05	81/10	D	9	(41) ---	---	---	---	(41) 9	5.57
NHLBI 80-310 Assessment of Reach and Frequency of High Blood Pressure Messages	C-NYD	81/03	84/03	D	---	---	102	54	---	156	5.58
NHLBI 80-311 Evaluation of Methodology to Aggregate Clinical Trial Results	In house (DCRT)	80/05	81/10	D	9	---	---	---	---	9	5.59
NHLBI/NIAID 81-303 Evaluation of Education Programs and Materials for Self-Management of Children with Asthma	In house/C-NYD	81/06	83/09	D	---	---	55	28	---	83	5.60
NHLBI 81-304 Evaluation of Behavioral Medicine Program	In house	81/03	82/07	D	---	23	27	---	---	50	5.61
NHLBI 81-306 Impact of Funding Decisions in the NHLBI Initiative Planning System	C-NYD	81/11	82/10	A	---	---	80	---	---	80	5.6

Eval. Project No. / Project Title	Contract No.	Est./Actual Dates (Yr/Mn) Start	End	Status Code	SET-ASIDE FUND EXPENDITURES $ IN THOUSANDS Prior Years $	FY 81 $	FY 82 $	FY 83 $	Future Years $	PROJECT TOTAL $	Page No.
NHLBI 81-307 Evaluability Assessment of the Impact of the Hypertension Detection and Follow-Up Program	In house	81/02	82/10	D	---	37	83	---	---	120	5.62
NHLBI 81-310 Impact of Anti-Smoking Policies on Smoking Activities in the Federal Government	NO1-HO-1-3005	81/08	83/02	D	---	100	---	---	---	100	5.63
NHLBI 81-312 Evaluation of the SCOR Program	C-NYD	82/09	84/08	A	---	---	---	150	---	150	5.10
NHLBI 81-313 Tr (1-YO1-HV-10047-00) Evaluation of the Framingham & Other CHD Risk Models in a Large National Cohort		81/05	82/04	D	---	100	---	---	---	100	5.64
NHLBI 81-314 Evaluation of Hypertension Control Demonstration: Phase I	In house	81/04	82/09	D	---	37	63	---	---	100	5.65
NHLBI 81-315 Feasibility Assessment of a Program to Measure Changes in Causes of Death	Tr(YO1-HV-1-0008)	81/08	82/02	D	---	10	104	---	---	114	5.66
NHLBI 81-316 Evaluation of Postdoctoral Research Training	In house	81/04	82/09	D	---	---	75	---	---	75	5.67
NHLBI 82-301 Evaluation of the Impact of NHLBI-CDC Lipid Standardization Programs	C-NYD	NYD	NYD	H	---	---	---*	---	---	---	---
NHLBI 82-302 Evaluation of the Impact of Coronary Primary Prevention Trial and the Multiple Risk Factor Intervention Trial: Baseline Measurements of Practice	C-NYD	NYD	NYD	B	---	---	300	50	---	350	5.13
NHLBI 82-303 Interim Survey and Qualitative Research on Public Knowledge, Attitudes, and Behavior Regarding High Blood Pressure	C-NYD	81/11	82/06	B	---	---	50	---	---	50	5.16
NHLBI 82-304 Evaluation of Primary Reference Material Program	C-NYD	81/10	84/09	B	---	---	40	30	40	110	5.20
NHLBI 82-305 Impact of MRFIT Nutrition Education Programs on Blood Lipids and Nutritional Status	Tr(---)	81/09	82/09	H	---	---	100	50	---	150	5.23
NHLBI 82-306 Evaluation of the Impact of Hypertension Detection and Followup Program (Phase II: Physician Practice)	C-NYD	NYD	NYD	B	---	---	150	150	---	300	5.31

Eval. Project No. / Project Title	Contract No.	Est./Actual Dates (Yr/Mo) Start	End	Status Code	SET-ASIDE FUND EXPENDITURES $ IN THOUSANDS Prior Years $	FY 81 $	FY 82 $	FY 83 $	Future Years $	PROJECT TOTAL $	Page No.
NHLBI 82-307 The Impact of Research Support Reduction on Large Grant Supported Programs	C-NYD	NYD	NYD	H	---	---	80	---	---	80	5.34
NHLBI 82-308 Evaluation of a Demonstration Program for Hypertension Control Using Community Health Centers (Phase II: Conduct of the Evaluation)	C-NYD	NYD	NYD	B	---	---	200	90	185	475	5.36
			NHLBI Total:		$1,568	(41) $ 686	$2,205	$ 649	$ 225	(41) $ 5,333	

*To be submitted separately.

National Eye Institute

Eval. Project No. / Project Title	Contract No.	Est./Actual Dates (Yr/Mo) Start	End	Status Code	SET-ASIDE FUND EXPENDITURES $ IN THOUSANDS Prior Years $	FY 81 $	FY 82 $	FY 83 $	Future Years $	PROJECT TOTAL $	Page No.
NEI 80-301 Analysis of NEI Program Evaluation and Planning Process	In house	80/04	81/01	E	20	(5) ---	---	---	---	(5) 20	6.10
NEI 80-306 Third Comprehensive NEI Program Evaluation and Plan	In house	79/10	81/12	D	60	60	60	---	---	180	6.12
NEI 80-401 Tracking System for Implementation of Vision Research: A National Plan: 1978-1982 (subsumed within NEI 80-306)	In house	79/10	81/12	D	(15) ---	---	---	---	---	(15) ---	6.14
NEI 80-404 Feasibility Study of Evaluation of NEI Core Centers	In house	80/04	81/10	D	(10) ---	---	---	---	---	(10) ---	6.15
NEI 82-301 Design of a System for Evaluating the Implementation of the NEI 1983-87 Program Plan	C-NYD	82/02	83/01	B	---	---	100	---	---	100	6.3
NEI 82-302 Evaluability Assessment of NEI Cataract Program	C-NYD	81/12	82/11	H	---	---	60	---	---	60	6.6
NEI 82-303 Evaluation of NEI Program Analysis System	C-NYD	81/12	82/11	B	---	---	75	50	---	125	6.8
			NEI Total:		(25) $ 80	(5) $ 60	$ 295	$ 50	$ ---	(30) $ 485	

Eval. Project No. / Project Title	Contract No.	Est./Actual Dates Start	(Yr/Mo) End	Status Code	SET-ASIDE FUND EXPENDITURES $ IN THOUSANDS Prior Years $	FY 81 $	FY 82 $	FY 83 $	Future Years $	PROJECT TOTAL $	Page No.
National Institute on Aging											
NIA 79-301/3 Evaluation of NIA Animal and Cellular Resources Programs	NO1-AG-0-2104	80/06	82/06	D	105	194	---	---	---	299	7.6
NIA 79-302 NIA Research Management Information System	NO1-AG-0-2130	80/09	82/09	D	157	117	---	---	---	274	7.7
NIA 80-301 Evaluation of the Geriatric Medicine Academic Award Program	C-NYD	81/09	82/06	D	---	31	---	---	---	31	7.8
NIA 82-301 Development of a Systematic Procedure for the Monitoring and Review of Research Grant Progress Reports	C-NYD	NYD	NYD	B	---	---	50	---	---	50	7.3
			NIA Total:		$ 262	$ 342	$ 50	$ ---	$ ---	$ 654	
National Institute of Allergy and Infectious Diseases											
NIAID 79-401 Evaluation of Microbiology Manpower	NO1-AI-9-2600	78/11	81/03	F	(102) ---	---	---	---	---	(102) ---	8.7
NIAID 80-302 Evaluation of Institutional Biosafety Committees (IBC)	263-80-C-0530/In house	80/09	81/10	D	(3) 147	---	---	---	---	(3) 147	8.8
NIAID 80-401 Evaluation of the Impact of the NIAID OMAR Consensus Development Conference on Amantadine	In house	80/01	82/12	D	(3) ---	---	(3) ---	---	---	(6) ---	8.9
NIAID/NHLBI 81-303 Evaluation of Educational Programs and Materials for Self-Management of Children with Asthma	In house/C-NYD	81/06	83/09	D	(49) ---	---	55	28	---	(49) 83	8.10
NIAID 82-301 Evaluation of the NIAID Vaccine Development Program	C-NYD	81/07	85/02	I	--- ---	(50) ---	---	---	---	(50) ---	8.3
			NIAID Total:		(157) $ 147	(50) $ ---	(3) $ 55	$ 28	$---	(210) $ 230	

Eval. Project No. / Project Title	Contract No.	Est./Actual Dates (Yr/Mo) Start	End	Status Code	SET-ASIDE FUND EXPENDITURES $ IN THOUSANDS Prior Years	FY 81	FY 82	FY 83	Future Years	PROJECT TOTAL	Page No.
					$	$	$	$	$	$	
National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases											
NIAMDD 75-3 Evaluation of Research Alternatives to Minimize SSA/Medicare Costs for Dialysis Treatment	In house	75/05	80/08	E	45	---	---	---	---	45	9.14
NIAMDD 77-1 Evaluation of Research Needs in Endocrinology and Metabolic Diseases	NO1-AM-7-2236	77/09	80/12	F	(153) 242	---	---	---	---	(153) 242	9.15
NIAMDD 77-3 Evaluation of Needs and Priorities in Dermatologic Research	NO1-AM-7-2215	77/07	80/07	E	(64) 250	---	---	---	---	(64) 250	9.16
NIAMDD 78-2 Evaluation of the Hematology Program of NIAMDD in Relation to Identification of Research Needs	NO1-AM-8-2219	78/09	81/10	D	175	---	---	---	---	175	9.17
NIAMDD 79-303 Identification/Development of Methods for Evaluation of NIAMDD Center Grant Programs	NO1-AM-1-2202	81/06	82/06	D	---	135	---	---	---	135	9.18
NIAMDD 79-304 Evaluation of the Specialized Centers of Research (SCORs) in Urolithiasis in Relation to Program Goals	C-NYD	81/10	83/06	A	---	---	180	---	---	180	9.19
NIAMDD 79-305 Identification of Methods for Evaluation of Non-Research Activities of Multipurpose Arthritis Centers	NO1-AM-1-2206	81/09	82/09	D	---	60	---	---	---	60	9.21
NIAMDD 80-301 Evaluation of the NIADDK Musculoskeletal Diseases Program	NO1-AM-1-2203	81/06	83/06	D	---	91	140	---	---	231	9.22
NIAMDD 81-301 Evaluability Assessment of NIADDK National Diabetes Information Clearinghouse	Tr	81/06	82/02	D	---	50	---	---	---	50	9.23
NIADDK 82-301 Utilization of Products Disseminated by the National Diabetes Information Clearinghouse	C-NYD	81/10	82/09	B	---	---	50	---	---	50	9.3
NIADDK 82-302 Evaluation of Postdoctoral Research Training in the Diabetes, Endocrinology and Metabolic Diseases Program	C-NYD	82/07	84/06	B	---	---	80	80	---	160	9.9
NIADDK Total:					(217) $ 712	$ 336	$ 450	$ 80	$ ---	(217) $ 1,578	

Eval. Project No. / Project Title	Contract No.	Est./Actual Dates (Yr/Mo) Start	End	Status Code	SET-ASIDE FUND EXPENDITURES $ IN THOUSANDS Prior Years $	FY 81 $	FY 82 $	FY 83 $	Future Years $	PROJECT TOTAL $	Page No.
National Institute of Child Health and Human Development											
NICHD 80-305/6 Development of Objectives and Performance Indicators for NICHD Programs of Research	NO1-HD-0-2807	80/02	81/12	D	220	7	5	---	---	232	10.18
NICHD 81-302 Stage 2 Evaluation of NICHD Sudden Infant Death Syndrome Research Program	C-NYD	81/12	82/05	C	---	---	20	---	---	20	10.3
NICHD 81-304 Stage 1 Evaluation of NICHD Intramural Research Program	C-NYD	81/10	82/09	C	---	---	70	---	---	70	10.6
NICHD 82-301 Evaluation of NICHD Research Resources Program	C-NYC	82/01	82/12	B	---	---	65	---	---	65	10.9
NICHD 82-302 Stage 2 Evaluation of NICHD Child and Adolescent Development Research Program	C-NYD	81/12	82/05	B	---	---	20	---	---	20	10.12
NICHD 82-303 Stage 2 Evaluation of NICHD Population Dynamics Research Program	C-NYD	81/12	82/05	B	---	---	20	---	---	20	10.15
		NICHD Total:			$220	$ 7	$ 200	$ ---	$ ---	$ 427	
National Institute of Dental Research											
NIDR 77-8 263-80-C-0580/In house Evaluation of the NIDR Craniofacial Anomalies Program		80/09	81/12	D	(30) 281	9	---	---	---	(30) 290	11.13
NIDR 82-301 Assessment of Selected Activities Associated With Dental Research Centers	C-NYD	81/10	83/06	B	---	---	50	50	---	100	11.3
NIDR 82-302 Evaluation of the NIDR Restorative Materials Research Activities	C-NYD	81/12	83/09	B	---	---	250	50	---	300	11.7
NIDR 83-301 Evaluation of the NIDR Soft Tissue Stomatology and Nutrition Research Activities	C-NYD	82/09	84/06	B	---	---	---	275	---	275	11.10
		NIDR Total:			(30) $ 281	$ 9	$ 300	$ 375	$ ---	(30) $ 965	

Eval. Project No. / Project Title	Contract No.	Est./Actual Dates Start	(Yr/Mo) End	Status Code	SET-ASIDE FUND EXPENDITURES $ IN THOUSANDS Prior Years $	FY 81 $	FY 82 $	FY 83 $	Future Years $	PROJECT TOTAL $	Page No.
National Institute of Environmental Health Sciences											
NIEHS 79-301 Evaluation of the NIEHS Environmental Toxicology Training Program	NO1-ES-9-0005	79/06	81/11	D	202	46	---	---	---	248	12.3
NIEHS 79-302 Analysis of Paraquat and its Degradation Products in Smoke for Paraquat Contaminated Marijuana	NO1-ES-9-0003	79/09	81/06	F	(48) 173	---	---	---	---	(48) 173	12.4
NIEHS 79-401 Tr(IR13-ES-01987-01) Program Planning Work Group		78/02	80/12	F	(61) ---	---	---	---	---	(61) ---	12.5
			NIEHS Total:		(109) $ 375	$ 46	$---	$ ---	$ ---	(109) $421	
National Institute of General Medical Sciences											
NIGMS 79-401 Evaluation of Medical Scientist Training Program	In house	79/07	81/06	F	---	(5) ---	---	---	---	(5) ---	13.9
NIGMS 80-401 Evaluation of the MARC Faculty Fellowship Program	In house	79/06	81/10	D	---	(5) ---	---	---	---	(5) ---	13.10
NIGMS 80-402 Evaluation of Research Career Awardees	In house	80/03	81/03	F	---	(1) ---	---	---	---	(1) ---	13.11
NIGMS 81-401 Survey of Genetic Activities	In house	80/10	81/10	D	---	(30) ---	---	---	---	(30) ---	13.12
NIGMS 81-402 Evaluation of the Impact of the NIGMS/OMAR Consensus Development Conference on Supportive Therapy in Burn Care	In house	80/05	NYD	D	---	(10) ---	(5) ---	---	---	(15) ---	13.3
NIGMS 82-301 Evaluation of Human Genetic Mutant Cell Repository	In house	82/07	83/06	B	---	---	100	---	---	100	13.5
NIGMS 82-401 Evaluation of Shared Instrumentation Initiative	In house	81/09	82/10	B	---	---	(5) ---	---	---	(5) ---	13.7
			NIGMS Total:		$---	(51) $ ---	(10) $ 100	$ ---	$ ---	(61) $ 100	

Eval. Project No. / Project Title	Contract No.	Est./Actual Dates (Yr/Mo) Start	End	Status Code	SET-ASIDE FUND EXPENDITURES $ IN THOUSANDS Prior Years	FY 81	FY 82	FY 83	Future Years	PROJECT TOTAL	Page No.
					$	$	$	$	$	$	
National Institute of Neurological and Communicative Disorders and Stroke											
NINCDS 74-1a Survey of the Incidence, Prevalence, and Cost of Intracranial Neoplasms	NOI-NS-4-2336	74/06	80/12	F	(488) 275	---	---	---	---	(488) 275	14.8
NINCDS 74-1b Survey of the Incidence, Prevalence, and Cost of Stroke (Nation-wide study of Stroke)	NOI-NS-6-2333	75/07	80/12	F	(212) 374	---	---	---	---	(212) 374	14.9
NINCDS 77-1 The National Hospital Survey of Disease (Formerly Comprehensive Disease Statistics Survey)	NOI-NS-7-2379	77/09	81/12	D	(772) 215	---	---	---	---	(772) 215	14.10
NINCDS 77-3 Development and Test of Methods for Collection of Supplementary Survey Data for Determining Trends	NOI-NS-4-2334	76/10	81/04	F	41	---	---	---	---	41	14.11
NINCDS 79-301 Evaluation of the Intramural Research Program	NOI-NS-1-2348	81/01	82/01	D	---	77	---	---	---	77	14.12
NINCDS 80-302 Assessment of MEDLARS Services for Meeting the Information Transfer Needs in Communicative Disorders	Multi-contracts	80/09	83/02	D	242	240	110	---	---	592	14.13
NINCDS 82-301 Evaluation of the Scientific Impact of Research Center/ Program Project Support and Individual Investigator Support in the Communicative Disorders Field	C-NYD	82/07	84/07	H	---	---	60	150	---	210	14.3
NINCDS Total:					(1,472) $ 1,147	$ 317	$ 170	$ 150	$ ---	(1,472) $ 1,784	
Division of Research Resources											
DRR 77-2 Evaluation of the Role of Clinical Research Centers in Clinical Trials with Emphasis on Information Processing	NOI-RR-8-2122	78/09	80/12	E	(92) 330	---	---	---	---	(92) 330	15.6
DRR 82-301 Short-Term Evaluations of the Programs of the Division of Research Resources	C-NYD	82/03	82/07	A	---	---	300	---	---	300	15.3
DRR Total:					(92) $ 330	$ ---	$ 300	$ ---	$ ---	(92) $ 630	

Eval. Project No. / Project Title	Contract No.	Est./Actual Dates (Yr/Mo) Start	End	Status Code	SET-ASIDE FUND EXPENDITURES $ IN THOUSANDS Prior Years $	FY 81 $	FY 82 $	FY 83 $	Future Years $	PROJECT TOTAL $	Page No.
National Library of Medicine											
NLM 77-2a Regional Medical Library Program: Data Gathering	Multi-contracts	78/09	82/09	D	80	---	---	---	---	80	16.15
NLM 77-2b Evaluation of the Regional Medical Library Program	NO1-LM-03538	80/09	81/10	D	100	---	---	---	---	100	16.16
NLM 78-3 Evaluation of Information Transfer Program	NO1-LM-8-4733	78/09	81/06	F	(16) 108	---	---	---	---	(16) 108	16.17
NLM 78-4 Evaluation of the NMAC Training Program	NO1-LM-8-4719	78/09	80/11	F	(23) 50	---	---	---	---	(23) 50	16.18
NLM 79-302 Analysis of Requests of Inter-library Loans and Reader Services	In house	82/01	82/06	C	---	---	(5) ---	---	---	(5) ---	16.19
NLM 79-303 Characteristics of AVLINE Use	C-NYD	NYD	NYD	B	---	---	70	70	---	140	16.4
NLM 80-401 Evaluation of Medical Library Resource Project Grant Program	In house	79/11	NYD	D	---	(8) ---	---	---	---	(8) ---	16.20
NLM 80-402 Consultant Review of Lister Hill Center Programs	In house	79/10	NYD	D	(4) ---	(10) ---	(10) ---	(10) ---	--- ---	(34) ---	16.21
NLM 80-403 Consultant Review of MEDLARS III	In house	79/05	NYD	D	(7) ---	(25) ---	(25) ---	(25) ---	--- ---	(82) ---	16.22
NLM 80-404 Medical Library Assistance Act Program Performance	In house	74/09	84/09	D	(16) ---	(8) ---	(NYD) ---	(NYD) ---	--- ---	(24) ---	16.23
NLM 80-405 National Medical Audiovisual Center Internal Program Evaluation	In house	80/03	82/12	D	(20) ---	(20) ---	(20) ---	--- ---	--- ---	(60) ---	16.24
NLM 80-406 Computer Performance Measurement	In house	79/04	82/06	D	(100) ---	(50) ---	(50) ---	--- ---	--- ---	(200) ---	16.25
NLM 81-401 Feedback Survey of NMAC's Film Video Cassette Loan Program Clients	In house	80/11	82/05	D	---	(5) ---	(5) ---	--- ---	--- ---	(10) ---	16.26
NLM 82-301 On-line Services User Study	C-NYD	NYD	NYD	B	---	---	50	---	---	50	16.7

Eval. Project No. / Project Title	Contract No.	Est./Actual Dates (Yr/Mo) Start	End	Status Code	SET-ASIDE FUND EXPENDITURES $ IN THOUSANDS Prior Years $	FY 81 $	FY 82 $	FY 83 $	Future Years $	PROJECT TOTAL $	Page No.
NLM 82-302 Evaluation of NLM's Services in the Behavioral Sciences	C-NYD	NYD	NYD	B	---	---	75	75	---	150	16.9
NLM 82-401 Analysis of Use of NLM Cataloging Data	In house	NYD	NYD	B	---	---	(10) ---	---	---	(10) ---	16.12
					(186)	(126)	(125)	(35)		(472)	
			NLM Total:		$ 338	$ ---	$ 195	$ 145	$ ---	$ 678	

3

OFFICE OF THE DIRECTOR, NIH

Dr. Thomas E. Malone, Acting Director

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Proposed Budget

		Dollars in Thousands FY 81	FY 82	FY 83
NIH 73-2	Evaluation of the Linkages Between Research Publication and NIH Funding	$ 241	$ ---	$ ---
NIH 75-1	NAS Continuing Study of National Needs for Biomedical and Behavioral Research Personnel	517	500	---
NIH 78-5	Evaluation of the Impact of Clinical Trials on Medical Practice	158	---	---
NIH 79-302	Effectiveness of Computerized Medical Information System	24	---	---
NIH/NCI 79-303	Analysis of Federally Sponsored Research in Low-Level Ionizing Radiation	73	---	---
NIH 80-301	Evaluation of the Consensus Development Process	---	---	---
NIH 80-302	Evaluation of Technology Transfer in Patient Management	160	---	---
NIH 80-304	IOM Study of Health-Related Effects of Marijuana Use and Abuse: A Research Agenda	114	---	---
NIH 80-305	Assessment of Research Doctorate Programs: Development of an Evaluative Tool	---	---	---
NIH 81-301	Evaluation of the Impact of RCDAs on the Recipients of These Awards	---	100	100

(cont.)

Proposed Budget (continued)

		Dollars in Thousands FY 81	FY 82	FY 83
NIH 81-302	Evaluation of the Impact of the Consensus Development Program	10	90	590
NIH 81-303	Analysis of NIH Data Bases in Support of Program Evaluation	2	23	---
NIH 81-305	Evaluation of Planning at the National Institute of Health	20	140	---
NIH 82-301	Effect of Stabilization of Research Grants on Academic and Nonacademic Biomedical Research Programs	---	30	200
NIH 82-302	Evaluation of Research Manpower and Training Evaluation Activities	---	75	75
NIH 82-303	A Method for Estimating MD Research Activity	---	18	---
NIH 99-999	Evaluation Program Support Costs and Computer Services	22	20	25
	Total FY 82 Set-Aside Request		$ 996	

1. Project Title: An Evaluation of the Impact of RCDAs on the Recipients of the Awards

2. NIH Evaluation Project Number: NIH 81-301

3. Agency Proposing: Office of Program Evaluation, Office of the Director, NIH

4. Funding Source and Cost:

   a. Set-aside funds
   b. No prior year costs
   c. $200,000
   d. No phasing is anticipated

5. Program Evaluated: Research Career Development Award Program. This is a full-scale impact evaluation of that program.

6. Purpose:

   a. Background

      The NIH Research Career Development Award is a special salary grant award to support the conduct of research by individuals with high potential for biomedical or behavioral research careers. Over the last 20 years, NIH has provided about 20,000 awards and spent $500M on this program. The RCDA is intended to serve as a bridge between the period of postdoctoral training and the achievement of status as an independent researcher or faculty member; it is not designed to provide salary for established investigators. Under the terms of the award, the grantee institution is reimbursed for the employee's efforts, which are devoted essentially to full-time research and research-related activities, but only up to a maximum base salary of $30,000 for each 12-month budget period of the award.

      RCDA awards are presently limited to a single support period of five years. At the inception of the program in November 1961, awards were for five years, renewable for a second five-year term for salary support of up to $25,000 per year. In July 1967, the award was modified to provide a maximum of eight years of support through one five-year award and one three-year renewal. In July 1972, the award was limited to one five-year term. Before 1973, awards were made "for training" or for "the conduct of independent research." Since 1973, awards are made only for the conduct of research.

b. Questions to be Addressed:

The purpose of this study is to assess the professional development of people who have received RCDAs and to compare their progress with that of other bioscientists who have not received RCDAs but are matched on relevant dimensions. Specifically this research will investigate whether the career development of awardees is faster than, the same as, or slower than, matched groups of professionals who did not receive RCDAs; assess other aspects of career development, such as breadth of research contributions; and evaluate the results of these assessments relative to program costs.

c. Potential Results and Impact of this Evaluation:

Interest has been shown in this project by the Director of NIH and by several Institutes. It is anticipated that the results of this evaluation will be utilized in programmatic decisions concerning the RCDA program. Specific actions depend on the outcomes obtained.

7. Related Work:

Because of a special interest in the RCDA program, the National Institute of Child Health and Human Development has proposed a supplement to this project (NICHD 81-305), which will increase the sample size of RCDA recipients from their Institute. The National Institute of General Medical Sciences is currently analyzing data on Research Career Awards NIH-wide (NIGMS 80-402). While this award differs from RCDAs, there is sufficient in common to suggest that we should tap the expertise gained in that project.

Previous studies of postdoctoral training support (NIH 72-2, 74-5, 75-1, 76-3, NCI 72-1, NIDR 72-2, NIGMS 72-2) have demonstrated the value of postdoctoral training support. It may be hypothesized that the RCDA is similarly beneficial. In addition, previous studies have demonstrated the utility of the suggested measurement approaches.

8. Approach/Methodology:

Ideally, comparison groups would be selected for this study who differ from the target group only in the receipt of an RCDA. This careful selection of control groups is necessary to distinguish the effect of an RCDA from selection effects (Does the review process select those scientists most likely to succeed, independent of type of support?) maturation effects (Do all scientists in this cohort improve in their career development?). As is true with all programs using non-random assignment, and is particularly true of retrospective studies without an attached evaluation component, it is not possible to assure that groups will be perfectly matched; thus control groups will need to be examined carefully for their validity.

If the review process selects scientists who would likely succeed in the normal course of a career, that speaks well of the review system but does not address the question of the impact of an RCDA. To partially control for selection effects, a comparison group will be selected who have received R01 funding, but who have not applied for an RCDA. These researchers will be chosen to match RCDA recipients on years post-Ph.D. and on area of science. The quality of this control group will decrease to the degree that the "best" researchers apply for RCDAs, thus disqualifing them from the pool of control scientists; alternatively, the quality will increase to the extent that the "best" scientists are not encouraged to apply, or perceive no gain to be obtained from the receipt of an award. Some insight into these circumstances might be gained by interviewing present RCDA recipients and R01 recipients to see why the latter did not apply for RCDAs.

Another way of addressing the bias question is to generate matched groups of unsuccessful RCDA applicants; if the subject pool permits, one group will be unfunded approvals, and another will be disapproved applicants. These control groups bias "quality" of researchers to the extent that the peer review system rates quality validly. It does attempt to equate groups, however, on their "motivation" to apply for RCDAs. For approved unfunded applicants, it may be possible to remove bias between groups by statistical means since a measure of perceived quality, the priority score assigned to the unsuccessful RCDA application, is available. An additional element of complexity is added, however, by the fact that priority scores and/or approvals may depend on factors in addition to quality of the application for funding. For example, disapproval may result from reviewers' perceptions that a researcher's career is established and not in need of development, or that an institution has promised insufficient support. Factors such as these can be ascertained from review summaries and must be considered in the evaluation.

Since this study is trans-NIH in scope, we will systematically sample RCDA recipients from BIDs. All units that awarded more than 100 RCDAs prior to 1974 will be included in the sample. Ten percent of the RCDA recipients, but no less than 20, will be randomly selected from each BID. This will allow statements concerning RCDAs both for NIH as a whole and for individual BIDs. Pre- and post-1974 awardees will not be stratified, but will be analyzed systematically to the extent possible. Control groups will be constituted from within each BID.

Measures of career development need to be carefully considered. They might include:

- Evidence of career advancement to positions of increasing responsibility, higher salary, tenure if in an organization or institution which grants tenure, including time to advance.

- Evidence of research productivity, not only in terms of numbers of research publications but also measured against (a) the influence of the journals in which the reports appear, (b) the frequency of citation of the individual's research publications, (c) success in recruiting graduate students, postdoctoral fellows or trainees, or colleagues, and in placing graduates or postdoctoral students, (d) invitations to participate in significant scientific conferences or workshops as determined by leaders in the scientific or research area, (e) invitations to contribute to reviews, text books, etc., (f) invitations to serve on NIH study sections, and other parameters likely to differentiate superior research performance from average or below average performance.

- Evidence of change or lack of change in career or research objectives since attaining the doctorate;

- Success in securing research support;

- Evidence of achievement of the objectives of the RCDA award, e.g., successful participation in multi-disciplinary research or in a new field;

- Evidence of accomplishment in activities other than research, such as teaching, administration, health sciences.

It should be noted that the study will provide descriptive data of RCDA recipients as well as attempt an impact analysis. For this reason it may prove valuable to examine how the career of some recipients developed during the long RCDA period to attempt to detect the dynamics of award effects, if any. In addition, payments to recipients of RCDAs can be compared to payments to recipients of ROIs in the control group to estimate the true cost of RCDAs.

9. Primary Intended Users:

B, policy-makers

10. Application and Utilization of Findings

A formal report of the methods and results of this study will be distributed to the Director, NIH, as well as all BID directors. It will be entered in the Evaluation Document Center, DHHR, and will be available to interested individuals upon request. The study is expected to guide future policy decisions concerning the continuation and size of RCDA programs.

11. Date Project Description Prepared:

Revised June 24, 1981 (revision of conditionally approved project--contingent on review of RFP by ASPE)

12. Execution:

    a. Start date: April 1982
       End date: December 1983

    b. Use of contract mechanism: one-time use of expertise would be required which would not be economical to establish in-house.

13. Project Monitor/Contact:

    Dr. Helen Gee
    OPPE/OD/NIH
    Building 1, Room 234
    301-496-4418

14. Individual Requesting Project:

    Director, NIH

15. Coordination and Review:

    All phases of this project will be carefully coordinated with BIDs. It is anticipated that this project will incorporate most of the objectives of separate Institutes, although some individual BIDs may wish to pursue additional questions of local concern. All individual BIDs will be invited to participate in a steering committee, which will review the RFP and will periodically review the progress of the project.

    The steering committee discussed in (a) above will review the RFP for technical merit.

    Project was conditionally approved but not initiated in FY 1981.

16. Information Collection Burden:

    Yes

1. Project Title: Effect of Stabilization of Research Grants on Academic and Nonacademic Biomedical Research Programs.

2. NIH Evaluation Project Number: NIH 82-301

3. Agency Proposing: Office of the Director, NIH

4. Funding Source and Cost:

FY 82	$30,000 (Set Aside)
FY 83	$200,000 (Set Aside)

5. Program Evaluated: PHS-NIH-Biomedical Research.

6. Purpose:

During the past two years, in recognition that NIH budgets were not keeping up with inflation, and were in fact likely to be reduced, NIH determined to place highest priority on maintenance of its investigator-initiated research programs. A figure in the range of 5,000 grants has been set as the goal for "stabilization" of biomedical research, though this figure is subject to change pending appropriations. Most Institutes have anticipated that the stabilization policy would necessarily result in reductions in support of centers and training activities, and in use of the contract mechanism. Monitoring of actual changes in BID support patterns should be begun in the very near future, and plans made for subsequent analysis of changes in research output. It will be desirable also to inquire into the impact of stabilization on BID program development activities as well as on academic and research center programs, activities, and employment patterns.

The study will address such questions as: What is the impact of stabilization on the distribution of basic-clinical biomedical research support? How does stabilization affect the distribution of research support mechanisms, and if, as is expected, Program Project and Center Grants decline disproportionately in frequency of funding or renewal, how is research productivity affected, and how are the research careers of the involved investigators affected? How are the effects of stabilization reflected in the employment and research involvement of M.D. and Ph.D. scientists, and on previously established relations between funding and productivity? To what extent are the program development activities of individual Institutes affected? To what extent are academic and research institutions differentially affected, and with what impact on research and education programs?

7. Related Work:

Research productivity changes over time and under specified conditions have been demonstrated to constitute sensitive measures of policy change. Cross-sectional studies of research support mechanisms have

shown that centers, for example, do not constitute a unitary concept. There have been no studies of specific policies such as stabilization of a specified number of research grants.

8. Approach/Methodology:

During the first year of the study a task force comprising NIH staff and knowledgeable representatives of the research community will be formed to review BID anticipated and actual responses to the stabilization policy, and will also review potential data resources (both objective and subjective). The feasibility of isolating quantitative measures of change due to stabilization from those due to changes in appropriations and inflation will be assessed. It is anticipated that review of previous policy and research performance studies and of available data resources will be required prior to the development of a final design for the study. The need for timely production of information will have to be balanced against the problems of data acquisition. It may be necessary to obtain the assistance of outside expertise in the design as well as execution stages of the study.

9. Primary Intended Users:

B

10. Application and Utilization of Findings:

Results of the study are expected to assist policy-makers in assessing the advantages and disadvantages of the policy of stabilizing numbers of research grants.

Study results will be reviewed by OD and BID Directorates and will be distributed to relevant Department officials and staff.

11. Date Project Description Prepared:

June 1981

12. Execution:

In-house and contract. Analytic expertise required by aspects of the study is not available to the project in-house and will have to be acquired through contract. The project will be administered by the Program Evaluation Branch, OPPE. The first six months of the project will constitute an exploratory phase; design and execution will require approximately 18 months.

13. Project Monitor/Contact:

Dr. Helen Gee
OPPE/OD/NIH
Building 1, Room 234
301-496-4418

14. Individual Requesting Project:

The establishment of the policy of stabilizing the number of research grants to be awarded by NIH has aroused sufficient speculation and concern to signal the need for examination of the impact of the policy on NIH and institutional programs.

15. Coordination and Review:

An evaluation oversight review committee will review the study plans. A task force appointed by the Associate Director for Program Planning and Evaluation will participate actively in both exploratory and execution phases of the study.

16. Information Collection Burden:

No (FY 1982). Not yet determined for FY 83.

1. Project Title: Evaluation of Research Manpower and Training Evaluation Activities. A review of all previous evaluations of manpower and training programs and issues, an assessment of manpower data resources, development of models,and determination of need for future evaluations.

2. NIH Evaluation Project Number: NIH 82-302

3. Agency Proposing: Office of the Director, NIH

4. Funding Source and Cost:

FY 82	$75,000 (Set Aside)
FY 83	$75,000 (Set Aside)

5. Program Evaluated: PHS-NIH-Biomedical Research Activity-Training.

6. Purpose:

Over the past decade several evaluation studies addressing a wide range of manpower and training problems have been undertaken. Areas of investigation have included a) study of the effectiveness of NIH training programs (NIH 72-2, NCI/NIDR 72-1, NIA 80-301, NIEHS 79-301, NIGMS 72-2, 79-401, 80-401, 80-402, NLM 72-1, FIC 80-401); b) studies of factors affecting the development of bioscience research careers (NIH 74-5, 76-3); c) manpower resource surveys and data systems development (NIH 73-7, 74-1, 75-3, 76-8, 80-305, DRG 74-1, NINCDS 72-1, NHLBI 78-6, NIAID 79-401); and d) studies of the economics of bioscience research careers (NIH 74-1, 74-3). In addition, in response to a congressional mandate, the National Academy of Sciences has produced reports annually since 1977 recommending the numbers and areas of bioscience research in which Federally supported training opportunities should be made available. A wealth of information has been produced by these several studies, but it has not been as effectively utilized in manpower and training policy formation as it might have been because it has been produced piecemeal and without benefit of an explicit overall strategy for the development of a policy-related information base.

During the past three years three committees that have been charged with oversight of evaluation in the manpower and training area have each arrived at the same conclusion, namely that there is a need for a full-time concentrated effort to summarize all past evaluation and resource development activities in this area, and to formulate a comprehensive plan for future evaluation studies and other manpower and training information needs.

It is the purpose of this project to implement these recommendations. Specifically, the project aims to (1) summarize all previous evaluation information and survey data on the functioning of NIH training programs; (2) review, interpret,and evaluate all available information on the development of bioscience research careers; (3) determine the adequacy

and utility of continuing periodic manpower surveys; (4) conduct a feasibility study of the development of a dynamic flow model of research manpower; (5) conduct minor studies needed to increase the potential utility of a model; and (6) determine the need for future evaluations of manpower and training issues.

7. Related Work:

Related work is outlined under 6 above. The proposed study is only obliquely related to the congressionally mandated NAS continuing Committee on National Needs for Biomedical and Behavioral Research.

8. Approach/Methodology:

The study requires an in-depth technical analytical review of all evaluation studies in the areas of manpower and training including the development of a systematic catalogue of available information. Given this information as a base, an attempt will be made to develop predictive models through which the effects of changes in Federal, research institutional, or industrial policy might be simulated. The model development effort should assist in assessing the utility of existing data resources and in determining inadequacies in both the knowledge base and in data resources. In consultation with an advisory committee, recommendations will be made concerning the need for further NIH-wide or Institute-focused training/manpower evaluations.

9. Primary Intended Users:

B and C: The prospect of increasingly stringent budgets for biomedical research can be expected to have extended effects on program funding decisions within Government, research institutions, and on students' career aspirations. It is essential that information useful for tracking the impact of change on the Nation's ability to meet its needs for biomedical research be readily available.

10. Application and Utilization of Findings:

One purpose of the first phase of the study is to improve NIH efficiency in responding to requests for information from Congress, the Department, and the Nation's research institutions. More important, the effects of policy decisions on the size, quality, and balance of the biomedical research manpower pool must be measurable in order that they can be rationally factored into the decision-making process.

Results of the project will be distributed to the Director, NIH, all Associate and BID Directors, ASH, ASPE, and the DHHS Evaluation Documentation Center.

11. Date Project Description Prepared:

June 1981

12. Execution:

This project will combine in-house efforts with contract--preferably an expert consultant. In-depth knowledge of NIH data systems, research and medical education, and behavioral and social measurement methods are essential. This expertise is not available to the project within NIH.

13. Project Monitor/Contact:

Dr. Helen Gee
OPPE/OD/NIH
Building 1, Room 234
301-496-4418

14. Individual Requesting Project:

Assistant to the Associate Director for Extramural Research and Training, Chairman of the Oversight Committee on Training and Manpower

15. Coordination and Review:

This project is based on the recommendations of three Manpower and Training Oversight Committees. Continuing oversight will be provided by a committee appointed by the Associate Director for Program Planning and Evaluation.

16. Information Collection Burden:

Not applicable

1. Project Title: A Method for Estimating M.D. Research Activity. The project will examine critically the utility of alternative methods of obtaining research performance information for large sample evaluation studies. MEDLARS author name search techniques will be compared with lists of publications from actual C.V.'s of research physicians. The MEDLARS method will be assessed for adequacy and utility in future program evaluation studies.

2. NIH Evaluation Project Number: NIH 82-303

3. Agency Proposing: Office of the Director, NIH

4. Funding Source and Cost:

   FY 82 $18,000 (Set Aside)

5. Program Evaluated: PHS-NIH-Biomedical Research

6. Purpose:

   An important component of many research and training program evaluations is the track record of research output by program participants in subsequent years. Because of response bias (less productive former participants are often difficult to track) and requirements for clearance of questionnaire surveys, this component of evaluation studies is frequently difficult to carry out promptly and effectively.

   One method of handling this problem has been employed on a limited scale in a study commissioned by the NAS Committee on National Needs for Biomedical and Behavioral Research Personnel. The study was conducted by Sherman at the Association of American Medical Colleges. The method employed by the AAMC deserves closer scrutiny, and available data afford such an opportunity at low cost. The purpose of this project is to assess the adequacy of publication lists derived by the AAMC method to substitute for publication lists on actual C.V.'s, such as would be obtained were there 100 percent compliance to surveys conducted as part of NIH evaluation studies.

   The AAMC method employs the MEDLARS computerized reference system at the National Library of Medicine to search for all references to articles by all authors with a given last name and first initials. The output is then sorted by computer programs, combined with known data about the specific person for whom a research participation record is being sought, then printed in a useful format to facilitate expert judgment and library verification of authorship. Another series of computer programs then deletes extraneous references and tallies the results by author and scientific research type (level). It is expected that this

project will reveal the extent to which the AAMC method may undercount articles, books, and chapters by physicians trained for research. This information will provide a basis for deciding among alternative data collection strategies in future evaluations of specific programs (e.g., the forthcoming study of RCDAs).

7. Related Work:

In the AAMC study conducted for the NAS Panel, cited above, research and career progress records were compiled by several methods for 212 physicians who had received NIH research training support. Among the sources of data were a survey (including a request for C.V.'s) and the AAMC/MEDLARS methods of derivation of personal bibliographies, the AAMC Faculty Roster and the NAS/NIH Consolidated Applicant file of research grant applications. The AAMC/MEDLARS method provided publication lists for all 212 selected physicians. Curriculum vitae were supplied by 80 physicians. This project will assess the correspondence in the two sources of bibliographies.

8. Approach/Methodology:

The correspondence between "lists of publications" on the Curriculum Vitae and the AAMC/MEDLARS name-search output will be tallied and reported for all 80 physicians for whom both sources of data are available. All references cited by MEDLARS (including those "deleted" as not accurately attributable to the named physician) will be compared "by hand" with all references listed in bibliographies on current personal C.V.'s. References to published letters, abstracts, book reviews, and presentations will be excluded from consideration unless the reference is also cited by MEDLARS. The numbers of accurate and inaccurate judgments of author attribution will be tallied. The number of publications listed on C.V.'s but not found in the MEDLARS search will be tallied. Error rates will be computed and reported for (1) MEDLARS coverage, (2) author verification, and (3) overall method. Other patterns of possible bias due to methodological artifact will also be investigated.

9. Primary Intended Users:

D: The results of this project will be used by NIH staff and others involved in planning and executing program evaluation studies that involve analyses of research publications.

10. Application and Utilization of Findings:

The findings will enable NIH staff to consider whether the MEDLARS search method can be used instead of much more expensive and time consuming surveys or other data gathering methods proposed in program evaluation studies.

11. Date Project Description Prepared:

June 1981

12. Execution:

Contract. The project would utilize proprietary and confidential data and programs currently available only at the AAMC. The project will be administered by the Program Evaluation Branch, OPPE, NIH.

Start date: October 1981

End date : Decmeber 1981

13. Project Monitor/Contact:

Dr. Helen Gee
OPPE/OD/NIH
Building 1, Room 234
301-496-4418

14. Individual Requesting Project:

Chief, Program Evaluation Branch, OPPE, NIH

15. Coordination and Review:

The NIH Oversight Evaluation Review Committee will conduct a collegial review of the proposal.

16. Information Collection Burden:

No

Project No.: NIH 73-2

1. EDC ID No.: 0562.0

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of the Linkages Between Research Publications and NIH Funding

5. Report Title: Various

6. Agency Sponsor: PHS-NIH-OD

7. Start/End Dates: 73/03, 83/08

8. Performer: Computer Horizons, Inc., 1060 Kings Highway North, Cherry Hill, NH 08034 Mr. Fran Narin

9. Agency Contact: Gee, Helen H., Building 1, Room 234, NIH (301) 496-4418

10. Cost: FY 74-$118, FY 75-$120, FY 76-$75, FY 77-$125, FY 78-$125, FY 79-$125, FY 80-$25, FY 81-$241

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NIH 73-2

14. Contract No.: NO1-OD-1-2109

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Activity-Research Grants and Contracts
PHS-NIH-Biomedical Research-Activity-Intramural Research

18. Evaluation Type: Program Impact, Research, and Data Development

19. Descriptors: Biomedical Research, Program Coordination, Research and Evaluation Methods, Feature

20. Abstract: This program of studies aims at the development of quantitative models of research productivity in the biosciences using an array of journal publication rate and influence measures as the best available surrogates for productivity.

The feasibility and utility of developing quantitative methods for assessing bioscience research performance was established in prior years of support of this program. An extensive data base has been made available and a series of evaluative studies of the effects of NIH (or other Federal) policies on research performance has been conducted. During the past two years a series of basic studies of relations between funding and performance has been extended to include major investigation of the role of characteristics of medical schools in the funding - publication relationship, the effects of targeted funding on research performance, and long-term (16 yr.) trends in biomedical research performance. In addition, studies of the research publications from 1970 to 1976 supported by each of the NIH Institutes has been completed. These reports are now being produced. They will be updated through 1980 during 1982. A new program of studies is to be developed beginning with 1981 publications since the NLM MEDLINE system has begun to include grant numbers in publication records.

Project No.: NIH 74-2a

1. EDC ID No.: 552.4

2. Entry Dates: 3.Status: Complete

4. Project Title: Biomedical Scientist Employment Market

5. Report Title: Supply and Demand for Biomedical Manpower, 1977 Survey, Final Report

6. Agency Sponsor: PHS-NIH-OD 7.Start/End Dates: 74-10, 80-09

8. Performer: Westat, Inc.; 11600 Nebel Street, Rockville, MD 20852 ; William Morsch, Ph.D.; 9530 Crossman Drive, Great Falls, Va. 22066

9. Agency Contact: Copeland, William L.; Building 31, Room 1B54, NIH (301) 496-5011

10. Cost: FY 75-$145, FY 76-$165, FY 77-$0, FY 78-$50, FY 80-$10

11. Fund Source: Evaluation 12.Mechanism: Contract

13. Project No.: NIH 74-2a 14.Contract No.: NO1-OD-5-2107

15. NTIS No.: PB 80-125768 16. ERIC No.: NA

17. Program(s) Evaluated:
H-NIH-Biomedical Research-Activity-Training
H-HRA-Health Resources-Health Manpower
V-Many HEW Programs-Manpower and Training
V-Non-HEW Programs-Employment and Training

18. Evaluation Type: Research and Data Development

19. Descriptors: Health Manpower Training, Economic Analysis (Major Feature) Scientific Manpower

20. Abstract: The employment market survey aimed at measuring the direction and magnitude of the balance between jobs opening in a specific period and trainees completing training programs becoming available to fill jobs in the period with consideration given to the degree and post-doctoral training, and work experience required in the position and field of specialization. The analysis suggests a shortage of research manpower, meaning that no one who completed a biomedical research training program encountered any difficulty in obtaining a position in his or her field. A shortage is suggested by several lines of analysis. The most pervasive shortage appears to be of holders of health professional doctorates, especially M.D.'s -- who complete post-doctoral training in research. No support was found for the view that post-doctorates have acted as "holding-stations" for bioscientists unsuccessful in the job market. A report has been submitted to NTIS.

Because the results of the initial study are at variance with other studies, some further analyses of the data is being undertaken under a personal services contract for $10k.

Project No.: NIH 75-1

1. EDC ID No.: 0565

2. Entry Dates:

3. Status: Ongoing

4. Project Title: National Academy of Sciences Continuing Study of National Needs for Biomedical and Behavioral Research Personnel

5. Report Title: Personnel Needs and Training for Biomedical and Behavioral Research: 1975 Report; 1976 Report; 1977 Report; 1978 Report; 1979 Report

6. Agency Sponsor: PHS-NIH-OD

7. Start/End Dates: 74-10, X-NYD

8. Performer: National Academy of Sciences, 2101 Constitution Avenue, Washington, D.C. 20418

9. Agency Contact: Batchelor, William H.; Building 1, Room 117, NIH (301) 496-1963

10. Cost: FY 75-$331, FY 76-$678, FY 76 (TQ)-$888, FY 77-$300, FY 78-$855, FY 79-$1,138, FY 80-$0, FY 81-$517, FY 82-$500

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NIH 75-1

14. Contract No.: NO1-OD-5-2109
NO1-OD-9-2112

15. NTIS No.: SHR 1398; SHR 1399; PB 298533; PB 298534; PB 297128

16. ERIC No.: NA

17. Program(s) Evaluated:
H-NIH-Biomedical Research-Activity-Training
H-HRA Health Resources-Health Manpower
V-Many HEW Programs-Manpower and Training
V-Non-HEW Programs-Employment and Traning

18. Evaluation Type: Research and Data Development

19. Descriptors: Health Manpower Training, Scientific Manpower Higher Education

20. Abstract: The purpose of this continuing study is given in the legislative authority of the National Research Service Awards, 42 USC 2981-2. The statute provides for conduct of the study by the National Academy of Sciences; the committee convened for this purpose is located in the Commission on Human Resources. Results of the committee's work have been published, beginning with the Feasibility Study (Feb. 1975), and the annual reports (1975, 1976, 1977, 1978). An amendment enacted in 1978 provides for publication of a report at least once every two years.

Constant features of these reports include the following: (a) monitoring of the balance between supply and demand in five areas, basic biomedical sciences, behavioral sciences, clinical sciences, health services research and nursing research; (b) survey of these broad areas for fields deserving special emphasis; (c) specification of choice of support instruments (as between individual and institutional awards) for the several broad areas and for levels of training (pre- and post-doctoral); (d) administration of the NRSA

program; (e) findings from specific surveys, e.g., to determine employment status of recent Ph.D. cohorts and the impact on departments of loss of NIH training support; (f) findings from public hearings on the committee's work.

The Study Committee has met twice in the past year (Sept. and Jan.) to discuss the selection of research-doctorate programs in each field to be evaluated and the procedures and materials to be used in collecting information from institutional coordinators. The survey of faculty evaluators was begun in April 1981 with a mailing list of 8,067 faculty members in 31 fields and 2,648 programs.

Project No.: NIH 78-5

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of the Impact of Clinical Trials on Medical Practice

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-OD

7. Start/End Dates: 78-09, 81-10

8. Performer: Market Facts, Inc.; 1750 K Street, N.W., Washington, D.C. (202) 659-6422

9. Agency Contact: Friedman, Lawrence; Federal Building, NIH; (301) 496-4323

10. Cost: FY 78-$40, FY 79-$203, FY 80-$0, FY 81-$158

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NIH 78-5

14. Contract No.: NO1-HV-8-2940

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Institute Specific-Heart, Lung and Blood

18. Evaluation Type: Program Impact

19. Descriptors: Clinical Trials, Heart Disease, Medical Practice

20. Abstract: Clinical trials are prospective tests of preventive and prophylactic measures and medical therapies. NIH has extensive investment in clinical trials, and individual trials may run as long as ten years and have a total cost exceeding $100M. Because of their great potential for improving medical practice, NIH wishes to optimize dissemination of results that will lead to critical review and prudent adoption into practice by the practicing professions. This study is an early step toward that end. The project, conducted by NHLBI, will develop and test a methodology to evaluate the impact on medical practice of the results of two clinical trials. The study results are expected to contribute to the improvement of post-trial dissemination techniques. Specifically, the project will evaluate the relationship between current practice and the information dissemination of the results of the Coronary Drug Project (CDP) and the projected results of the Aspirin Myocardial Infarction Study (AMIS). The CDP is a recently completed trial on drug therapy of post-myocardial infarction patients. AMIS is determining the effectiveness of aspirin treatment in post-myocardial infarction patients. Medical practice related to the AMIS results will be assessed before and after the trial results are published.

1. EDC ID No.: Project No.: NIH 79-302

2. Entry Dates: 3.Status: Ongoing

4. Project Title: Effectiveness of Computerized Medical Information System

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-OD-CC 7.Start/End Dates: 80-06,81-11

8. Performer: Analytic Services Inc., Arlington, Va.

9. Agency Contact: Macks, Gerald; Building 10, Room 7D45, NIH; (301) 496-1958

10. Cost: FY 80-$165; FY 81-$24

11. Fund Source: Evaluation 12.Mechanism: Contract

13. Project No.: NIH 79-302 14.Contract No.: NO1-CL-0-2117

15. NTIS No.: X-NYD 16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Office of the Director

18. Evaluation Type: Place Project or Technique

19. Descriptors: Information System, Medical Technology, Medical Practice, Client Records

20. Abstract: The Clinical Center of the NIH has in place a computerized medical information system used to enter and track patient records, all medical orders, treatment protocols, and laboratory and ancillary orders and results. The purpose of this project is to provide information to enable Clinical Center management to make informed decisions concerning whether this system should be retained or replaced; and to provide the results of experience with the system to the hospital community. Specifically, the study must provide answers to these key questions: (a) How well does the system work? (b) How well has it facilitated medical care and the research mission of the Clinical Center? (c) What are the relationships of expenditures for the system to benefits from it? (d) How well can the system meet the future care and research needs of the Clinical Center?

The study will be undertaken in two phases. In Phase I, methodologies and instruments will be designed and tested so that the evaluation protocol is appropriate to the Clinical Center environment. Phase II will be the execution of the protocol and application of the methodologies, culminating in a report of the findings and recommendations. This will be provided to the Clinical Center management and to the hospital community-at-large.

Project No.: NIH/NCI 79-303

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Analysis of Federally Sponsored Research in Ionizing Radiation

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-OD

7. Start/End Dates: 79-07, 81-07

8. Performer: National Academy of Sciences, Institute of Medicine, 2101 Constitution Avenue, N.W., Washington, D.C.

9. Agency Contact: Dr. Charles U. Lowe; NIH, Building 1, Room 216; (301) 496-4418

10. Cost: FY 79-$863, FY 80-$0, FY 81-$73

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NIH/NCI 79-303

14. Contract No.: NO1-CO-9-5466

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated:
V-Non-HEW Programs-Health and Safety Regulations
V-Many HEW Programs-Health
PHS-NIH-Biomedical Research

18. Evaluation Type: Program Impact, Program Efficiency

19. Descriptors: Biomedical Research, Research and Evaluation Performance

20. Abstract: An analysis has been conducted of the Federal Government's activities in ionizing radiation research with emphasis on human health and related biological aspects of that research. The major emphasis of the review is to evaluate whether the research is adequate to meet the needs for knowledge about the effects of ionizing radiation and whether the management and review techniques are satisfactory to ensure that high quality research will be conducted.

Each agency has provided a statement of its statutory authorities and inventory of the research projects, and a list of research goals and objectives. The committee of expert consultants, provided through the National Academy of Sciences, has reviewed the listings, contacted a sample of principal investigators, and prepared a review of individual projects from reports submitted.

The committee has prepared a report which analyzes and evaluates Federal research effort in the field of biological and human effects of exposure to ionizing radiation. From this report the committee will identify research areas that need further development or are not being addressed. The project originates through PL 95-622, Nov. 9, 1978 and is amplified by statements in the Congressional Record, Oct. 14, 1978, pp. H13471, H13573.

1. EDC ID No.: Project No.: NIH 80-301

2. Entry Dates: 3.Status: Ongoing

4. Project Title: Evaluation of NIH Consensus Development Processes

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-OD 7.Start/End Dates: 80-01,83-09

8. Performer:

9. Agency Contact: Dr. Charles Lowe; NIH, Building 1, Room 216
(301) 496-1143

10. Cost: FY 80-$567

11. Fund Source: Evaluation & Program 12.Mechanism: Contract

13. Project No.: NIH-80-301 14.Contract No.: NO1-OD-0-2131

15. NTIS No.: X-NYD 16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research
V-Many HHS Programs-Health
V-Non-HHS Programs-Health

18. Evaluation Type: Research and Data Development

19. Descriptors: Medical Practice, Information Dissemination, Biomedical Research, Medical Technology

20. Abstract: The NIH has recently assumed an expanded role in translating the output of biomedical research into knowledge, products, and techniques which can be effectively employed in the practice of medicine and public health; i.e., medical technology transfer. Specifically, within the last two years, NIH has initiated a consensus development program, consisting of a series of activities to identify the extent of agreement and disagreement among relevant experts concerning various new and existing medical technologies and their role in health care--whether they are scientifically sound, safe, effective, and suitable for introduction or use in practice. The primary objective of this study is to identify and evaluate alternative group decision processes applicable to consensus building and develop recommended alternative models for various types of NIH consensus development activities. These models would serve as the basis for guidelines and designs for future consensus exercises. A second objective is to develop guidelines for a built-in evaluation mechanism to assess future consensus processes. A contract has been awarded to the University of Michigan to evaluate the consensus process.

Project No.: NIH 80-302

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of Technology Transfer in Patient Management

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NCI

7. Start/End Dates: 78-09,82-10

8. Performer: CDP Associates, 6000 Executive Blvd., Rockville, Md.

9. Agency Contact: Dr. John T. Kalberer; Building 1, Room 210, NIH; Bethesda, Md. 20205; (301) 496-6614

10. Cost: FY 79 -$115, FY 80 -$185 ($12), FY 81 -$160

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NCI 77-8 (now NIH-80-302)

14. Contract No.: NO1-OD-0-2019

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Institute Specific-Cancer

18. Evaluation Type: Research and Data Development

19. Descriptors: Comprehensive Health Care, Health Care Delivery Systems, Literature Review, Information Systems, Survey or Questionnaire Feature, Technology Assessment or Transfer, Cancer

20. Abstract: There has been considerable debate recently concerning the transfer of biomedical knowledge and technology from initial discovery to clinical application and general availability to the public (technology transfer) and whether or not the present transfer process permits certain technologies to be introduced into clinical practice too rapidly and others too slowly. This project is directed toward the development and testing of a methodology to a) assess the rate of and reasons for adoption of new medical technologies in various types of institutions and hospitals; and b) evaluate the role of centers, particularly those with major clinical research and demonstration components, as a mechanism in effecting the transfer of diagnostic/therapeutic technologies. The methodology is being tested through specific application to cancer care technologies and cancer centers. Because of problems concerning the assessment of techniques for analysis of the diffusion process, the revision of certain aspects of study methodology is being considered.

Project No.: NIH 80-304

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: IOM Study of Health-Related Effects of Marijuana Use and Abuse: A Research Agenda

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-OD

7. Start/End Dates: 80-09,81-12

8. Performer: Institute of Medicine, National Academy of Sciences, Washington, D.C.

9. Agency Contact: Dr. Joseph G. Perpich; NIH, Building 1, Room 137; (301) 496-3152

10. Cost: FY 80-$340; FY 81-$114

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NIH-80-304

14. Contract No.: NO1-OD-0-2114

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research
PHS-ADAMHA-Drug Abuse
V-Non-HHS Programs-Health
V-Many HHS Programs-Health

18. Evaluation Type: Other

19. Descriptors: Drug abuse, Biomedical research, Consumer education, Regulation and standard setting

20. Abstract: Contradictory results and varying interpretations of research data have been cited as evidence that marijuana is (1) extremely dangerous, or (2) essentially innocuous. Despite annual reports on marijuana and health by the National Institute on Drug Abuse, scientific controversy and public confusion persist. Consequently, there is a need for overall reassessment of available data on health hazards and risks to various types of marijuana users. The IOM assessment underway includes review and analysis of existing scientific evidence of possible hazards of marijuana use to health and safety, as well as possible therapeutic use of marijuana, and the Federal research program underlying these efforts. The study will delineate important directions for further investigation involving Federal research support.

Project No.: NIH 80-305

1. EDC ID No.:

2. Entry Dates: 3. Status: Ongoing

4. Project Title: Assessment of Research Doctorate Programs: Development of an Evaluation Tool

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-OD 7. Start/End Dates: 80-06,82-03

8. Performer: National Academy of Sciences, Washington, D.C.

9. Agency Contact: Dr. Helen H. Gee, NIH, Building 1, Room 234, (301) 496-4418

10. Cost: FY 80-$50

11. Fund Source: Evaluation and Non-HHS 12. Mechanism: Transfer

13. Project No.: NIH-80-305 14. Contract No.: X-NYD

15. NTIS No.: X-NYD 16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Activity-Training

18. Evaluation Type: Research and Data Development

19. Descriptors: Medical training, Biomedical research, Scientific manpower, Scholarships, Fellowships and loans

20. Abstract: Institutions of higher education vary widely along many dimensions. Therefore, it is important to assess such variation and to make use of this information in attempts to optimize relevant Federal policies. This project will assess the quality of the doctoral education programs in 227 U.S. institutions of higher education that account for at least 90 percent of the FY 1976-78 doctoral awards. Thirty-one fields have been selected for the study and have been divided into five broad areas. A total of 8,067 faculty members have been selected as evaluators; each will evaluate up to 50 programs in his or her own field. A survey form has been designed, pretested, and then mailed to the evaluators; over half have already responded, and follow-up letters are being sent to the rest in order to seek a minimum response rate of 67 percent.

Bibliometric data also will be obtained. Data will include numbers of articles published during 1977-79. The "average influence" of the publishing journals on the corresponding research field will be determined from overall citation counts for each journal.

FY 1975-79 graduates of the doctorate programs will be identified. Their background characteristics and employment patterns will be examined in order to assess their professional goals and accomplishments.

After all data are collected and analyzed, committee reports will be prepared for each of the five broad areas and submitted to study sponsors on or before May 31, 1982.

OD/NIH

Project No.: NIH 81-302

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of Present Strategy for Dissemination of Consensus Development Statements

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-OD-OMAR

7. Start/End Dates: 81/04,82/12

8. Performer: X-NYD

9. Agency Contact: Dr. Charles U. Lowe, NIH, Building 1, Room 216 (30.) 496-1143

10. Cost: FY 81- $10, FY 82- $90, FY 83- $590

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NIH 81-302

14. Contract No.: X-NYD

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated:

18. Evaluation Type:

19. Descriptors:

20. Abstract: The intent of this project is 1) to develop a diffusion model describing the knowledge transfer process among physicians, 2) to identify, using this diffusion model, the impact of NIH consensus process, and 3) to develop an evaluation system for continuous monitoring of the impact of future conferences. Current status: scope of work is being reviewed. Anticipated award date -- first quarter, FY 82.

Project No.: NIH 81-303

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Analysis of NIH Data Bases in Support of Program Evaluation

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-OD

7. Start/End Dates: 80/10, 82/09

8. Performer:

9. Agency Contact: William Copeland, NIH, Building 31, Room 1B58
(301) 496-4418

10. Cost: FY 81-$2, FY 82-$23

11. Fund Source: Evaluation

12. Mechanism: In-house

13. Project No.: NIH 81-303

14. Contract No.: X-NYD

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated:

18. Evaluation Type:

19. Descriptors:

20. Abstract: The purpose of the project is to develop the general capability to search existing data bases for information on research and training awards, and research publications indexed by MEDLINE, and to relate these to program management data and information, to develop a strategy for computer-assisted short-term evaluations of NIH research programs.

The test-runs made to date show that MEDLINE-indexed publications can be selected by computer using MEDLINE indexing terms, and that the names of the authors of the selected records (most publications have more than one author) can be matched to the names of principal investigators in the IMPAC files. The result is a file of authors of research publications matched to principal investigators with the same name. The reverse process,in which a list of program component award numbers is developed by program staff and used to select a file of IMPAC records to match to MEDLINE records,is also feasible.

The results must next be examined by specifically knowledgeable program staff to minimize false matches.

The project promises computerized listings that can help program staff assess the relationship between award programs and related publications, although the raw listings themselves cannot be considered such an assessment.

Project No.: NIH 81-305

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing/Conditionally Approved

4. Project Title: Study of the Planning Processes at the National Institutes of Health

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-OD

7. Start/End Dates: 81/1, 82/12

8. Performer: X-NYD

9. Agency Contact: Kurt Habel, NIH, Building 1, Room 224 (301) 496-1454

10. Cost: FY 81- $20, FY 82- $140

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NIH 81-305

14. Contract No.: X-NYD

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: NIH Planning Processes

18. Evaluation Type: Impact

19. Descriptors: Health Planning

20. Abstract: The purposes of the study are: (1) To provide a body of of knowledge, in a systematic and structured fashion, about the planning processes in use at the NIH so that each organization can build upon the strengths and experiences of one another and so that changes and improvements can be made against a full perspective and understanding of the range of approaches and their implications. (2) To provide a sound analytical framework against which both the executive and legislative branches can consider and measure the need for and implications of any proposals, directives, or mandates designed to enhance the NIH planning capability and to which NIH can respond in a more effective and convincing manner. (3) To identify and describe the major and significant impacts that the various planning approaches have on the conduct and management of NIH programs. (4) To provide a sound basis against which individual BIDs can initiate comprehensive evaluations of their planning functions.

A working group, made up of NIH planning and evaluation staff, has considered the first draft of recommended approaches to the study, and a second draft is being developed, incorporating suggested changes. A meeting of the working group will be scheduled within the next few weeks. This group will construct the final design of the study.

4

NATIONAL CANCER INSTITUTE

Dr. Vincent T. DeVita, Jr., Director

Contents

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Proposed Budget

		Dollars in Thousands FY 81	FY 82	FY 83
NCI/NHLBI 77-5	Evaluation of the Health Message Testing Service	66	--	--
NCI 78-3	Evaluation of the Effectiveness of Cancer Education	--	--	--
NCI 80-303	Evaluation of the Impact of the Estrogen Receptor (ER) Assay on the Treatment of Human Breast Cancer	--	--	--
NCI 80-304	Evaluation of the Comprehensive Cancer Centers Communication Network	--	85	65
NCI 81-301	Evaluation of the Information Program's Impact on Public Attitudes Toward Cancer	--	65	285
NCI 82-301	Evaluation of the Supermarket Information Distribution System	--	80 (5)	--
NCI 82-302	Evaluation of Activities of the International Cancer Research Data Bank (ICRDB) Program	--	35	15
NCI 82-303	Cancer Therapy Evaluation Program (CTEP) Information System	--	295	97.5 (97.5)
NCI 82-304	Evaluation of Community Oncology and Community Hospital Oncology Programs	--	300	--
NCI 82-305	Evaluation of the Cooperative Clinical Trials Outreach Program	--	125	--
	Total FY 82 Set-Aside Fund Request		$ 985	

NCI 80-304

1. Project Title: Evaluation of Cancer Communication Network

2. NIH Evaluation Project Number: NCI 80-304

3. Agency Proposing: National Institutes of Health
National Cancer Institute
Division of Resources, Centers, and Community Activities

4. Cost and Funding Source: FY82 $85,000
FY83 $65,000

5. Program Evaluated:
PHS-NIH-Biomedical Research-Activity-Program Management and Direction
PHS-NIH-Biomedical Research-Institute Specific-Cancer

6. Purpose:

a. This is a program performance evaluation of the telephone information service provided by the Cancer Communication Network.

b. The Division of Resources, Centers, and Community Activities has funded 18 Cancer Communications Network contracts to provide current information about cancer, services and resources to the public and health professionals in the areas served by these Centers. A significant aspect of this communication network has been the establishment and maintenance of toll-free telephone lines, which provide direct access for staff to respond meaningfully to public inquiries and professional consultation requests. Collectively, these telephone services are promoted under the title, "Cancer Information Service" (CIS).

The purpose of this project is to provide a national evaluation of the phone service operations (CIS) provided through the Cancer Communications Network. At this time there is no coordinated evaluation effort between the CIS offices which would permit a valid and reliable assessment of the impact of the national network on meeting the information/education needs of the American public. When fully operational, this project will provide an ongoing "picture" of the services provided by the network as a whole, including an assessment of the quality of information provided through the individual CIS offices.

Major questions to be answered include:

(1) What is the nature of inquiries directed at the CIS in terms of the types of questions asked and the cancer sites inquired about?

(2) What are the various demographic characteristics of the population which utilizes the services and how do they differ from the population at large?

(3) What, if any, significant gaps exist in the information resources available to the population served by the network offices?

(4) How satisfied are the service users with the responses received to their inquiries?

(5) What is the quality (accuracy, completeness, consistency, timeliness) of responses provided through the phone services?

(6) To what degree do local operating policies and procedures affect the quality of contact between the services and their users?

(7) What actions do users of the phone services take as a result of contact with them?

(8) How do the responses to each of the items listed above vary from service to service and regionally?

(9) (Other questions as determined during the developmental phase.)

7. Related Work:

Each of the individual CISs has its own system of collecting certain of the types of descriptive data we are interested in for this study. As the technical plans for the national evaluation are made, each of these separate systems will be given careful scrutiny and the best elements from them will be incorporated in the detailed technical plans. It is expected that the significant experience of the individual offices in implementing evaluations such as this at the local level will help minimize the problems normally associated with large-scale studies of this type.

8. Approach/Methodology:

The proposed evaluation study has two major subdivisions which will be carried out simultaneously:

a. Part 1 of the study is concerned with a descriptive analysis of the services provided through the CIS network (see questions listed earlier for types of data to be collected). Many of the individual CIS offices now collect data similar to those desired for this study. However, there is no centralized system for ensuring the quality and uniformity of data collected by the individual CISs. The major effort in this part of the evaluation will be to institute a system in which the data being collected by the individual network offices are uniform in nature, based on standard definitions, and collected utilizing the same methodology and techniques. A special program for checking the reliability of the data on an intra-CIS and inter-CIS basis will be designed and implemented. Data collected through this uniform system will fall into three categories:

(1) Call record data - will be collected on each request at the time of the initial contact for information.

(2) User survey data - a random sample of users from each CIS will be periodically surveyed to obtain followup information on their information request, satisfaction with the service, action taken, and demographic data to develop a user profile.

(3) Special studies data - Periodically, the NCI or other health related organizations participate in national programs of cancer information which promote the CIS network as a source of additional information. On these occasions the individual CISs may be asked to provide additional data on results of the special programs as experienced at the local level. For example, many CIS offices participated in special call-in programs in conjunction with the airing on PBS television of the "Joan Robinson Story" and were asked to provide certain data on those special programs (e.g., number and types of inquiries serviced).

b. Part 2 of the study will be an evaluation to assess the quality of information provided through the CIS services. This quality assurance program will provide measures of the accuracy, consistency, completeness, and timeliness of the information provided. A series of standardized questions will be developed to serve as "test" calls which can be placed to each CIS and which can be scored according to standard criteria. These messages will be changed periodically to avoid sensitization to them and to permit messages to be developed on topics which are "hot" at the time of the tests.

9. Primary Intended Users:

This evaluation is intended to meet the information needs of the program managers and policy-makers responsible for the program being evaluated in order to improve the efficiency/effectiveness of this program.

10. Application and Utilization of Findings:

This project will result in quarterly and annual reports of the network data which will serve as the basis for determining the effectiveness and efficiency of the services provided through the network as a whole and the individual CIS offices. These results will be fed back to the individual CIS to be utilized for improving the services provided by each and for planning new information/education efforts directed at those segments of the population which are not using the telephone system services. At the NCI level, results from this project will be utilized to make policy decisions regarding the overall management of the network, future support of individual offices, and in planning future directions. The net effect of this project will be an ongoing effort at improving the nature and quality of the services provided to the lay public and professionals which use those services.

Data from this study will be utilized by NCI-level project management to identify CIS offices which are not meeting the minimal standards for quality operation, formulating plans for corrective action, and ensuring prompt compliance and return to quality service.

The quarterly and annual reports generated by this project will be disseminated to the individual CIS offices and all NCI personnel responsible for the management and/or support of the network. These reports will also become part of the information files of the National Cancer Information Clearinghouse and thus will be available to all members of the health professions and lay public on an as-requested basis. Finally, at least one journal article will be prepared and submitted annually on the experiences of the network and will include data from this national evaluation.

11. Date Project Description Prepared:

June 1981 - THIS PROJECT HAS BEEN PREVIOUSLY APPROVED BUT FUNDING HAS BEEN DEFERRED UNTIL FY82 AS REQUESTED BY DR. HELEN GEE OF THE OFFICE OF PLANNING AND EVALUATION-NIH.

12. Execution:

a. Estimated start date - November 15, 1981

Estimated end date - November 14, 1983

b. Justification for using the contract mechanism: The capability for conducting this project does not currently exist in-house, and it would not be economically feasible to develop such expertise based on the short-term nature and timing required of this project.

13. Project Monitor/Contact: Thomas J. Kean
Educational Research and Evaluation Branch
Division of Resources, Centers, and Community Activities
National Cancer Institute
Blair Building, Room 726A
8300 Colesville Road
Silver Spring, Maryland 20910
(301) 427-8636

14. Individual Requesting Project:

The project originally was requested in 1977 by Warren Dunn, who was the project officer at that time. The plan was conditionally approved, with changes in the methodology needed for full approval. In 1978, the plan was delayed by ASH for administrative priority reasons and was submitted again in 1979 for consideration. This version of the project is being submitted by the current project officer. No formal request for evaluation has been made by Congress, the Secretary's office, the Surgeon General's office, DHHS, or other agencies to the project officer's knowledge. However, the apparent successes of the individual programs need careful objective verification and an evaluation would be particularly welcome to establish the merit of these particular programs for informing and educating the public and for helping in the transfer of new cancer technology to health professionals.

15. Coordination:

A special Evaluation Task Force has been established to develop the technical plans for the national evaluation of CIS and to oversee their implementation. This Task Force consists of the following personnel and has the following responsibilities:

a. Personnel

(1) Four CIS representatives

(2) Two outside evaluation consultants with recognized expertise in program evaluation.

(3) Two outside consultants with experience and expertise in cancer control at the community level.

(4) At least four NCI representatives to include:

(a) Network project officer (DRCCA)

(b) OCC representative

(c) National back-up line project officer or representative

(d) Evaluation representative (DRCCA)

b. Responsibilities:

(1) Hold periodic meetings.

(2) Develop the technical plans according to a predetermined schedule.

(3) Communicate details of the technical plans to each network office and obtain feedback.

(4) Make necessary modifications to original plans.

(5) Present final technical plan to NCI for approval and implementation.

(6) Monitor results of pilot phases and make final recommendations for full field implementation.

(7) Conduct annual review of technical plan progress, compliance and results and make recommendations for continuing efforts.

16. Information Collection Burden:

Requires 10 or more respondents. Information to be collected in FY82 and FY83.

NCI 81-301

1. Project Title: Evaluation of Information Programs' Impact on Public Knowledge, Attitudes, and Practices Toward Cancer

2. NIH Evaluation Project Number: NCI 81-301

3. Agency Proposing: Public Health Service
National Institutes of Health
National Cancer Institute
Office of Cancer Communications
Information Projects Branch

4. Cost and Funding Source: FY82 - $ 65,000
FY83 - $285,000

5. Program Evaluated:

PHS-NIH-Biomedical Research-Activity-Program Management and Direction
PHS-NIH-Biomedical Research-Institute Specific-Cancer

6. Purpose:

a. This project is a program impact study.

b. The National Cancer Act requires the National Cancer Institute to conduct programs which provide the public with the latest information on cancer prevention, diagnosis, and treatment. To effectively develop these public information/education programs, careful study must be given to existing levels of public knowledge, attitudes, and practices relating to cancer. This helps ensure that program priorities are objectively established and scarce resources optimally allocated for the greatest possible gain. The basic problem addressed by this study is the lack of current, nationally applicable baseline information for use in planning public information/education programs and evaluating their success.

Questions to be answered by this study will include:

(1) On a national basis, what are the current levels of public knowledge, attitudes, and practices with regard to cancer prevention, diagnosis, treatment?

(2) What variations exist in these levels among population subgroups (such as blue-collar workers, minorities, high-risk groups, etc.) and geographic regions?

(3) What are the most frequently utilized sources and communications channels for cancer-related information? Which are the most credible sources?

(4) What are the public perceptions of the National Cancer Program and its impact?

7. Related Work:

The Information Projects Branch has completed and reported on its study titled "National Survey of Public Knowledge, Attitudes, and Practices Related to Breast Cancer." The survey proposed in this application represents an extension of the study design and methodology from this breast cancer survey to the issues of cancer as a whole. The experiences of conducting this earlier study will serve to assist us in minimizing the number of methodological and technical questions normally associated with developing and conducting a study of this scope.

8. Approach/Methodology:

This study will be a three-phase project as follows:

a. Phase I - This will be the initial developmental phase to be completed during the first year of the project. Tasks to be completed during this phase include the gathering and reviewing of appropriate background materials, including a literature search, formulating the detailed technical plans for conducting the full-scale survey, development of the survey instrument(s), and refining them through focus group work.

NCI biometric and demographic data bases available through the Surveillance, Epidemiology, and End Results (SEER) Program will be analyzed for their potential application to the experimental design. This coordinative approach builds on existing and methodologically sound data.

Since there is significant need to identify subgroups within the general population with special information needs, i.e., high-risk, hard-to-reach, older citizens, etc., the use of proven methods, such as those used by SEER and focus groups, is also of potential importance.

b. Phase II- This will be the pilot phase of the project in which the study design, technical plans, and survey instrument(s) will be pretested with small samples of the proposed target groups under the same data collection conditions proposed for the full-scale study. Based on these pretests, the study design and instruments will be modified as appropriate in preparation for the full study. This phase will be completed during the first year of the contract and will conclude with a detailed technical report on the activities and results of Phases I and II.

c. Phase III- Full-scale field implementation of the study will take place during this phase to be completed during the second year of the project. The basis design of the survey to be conducted during this phase will consist of interviews of the study population, which will consist of a stratified random sample drawn from the national population. Stratification will provide for adequate regional representation in the study sample. In addition, the study sample will be augmented as necessary with additional samplings from selected target populations (e.g., minorities) to ensure adequate numbers for valid analysis purposes. Development of the sample, analysis of the resulting data, and preparation of the final report will be accomplished with the advice of a special advisory group with extensive experience in this area. A plan for dissemination of the study findings by NCI will be developed during this phase as well.

9. Primary Intended User:

The evaluation is intended to meet the information needs of program managers and policy-makers responsible for the program being evaluated in order to improve the efficiency/effectiveness of the program.

10. Application and Utilization of Findings:

This study will yield a detailed technical report on the findings of the survey Such findings will be used to develop recommendations for future directions for information/education programs for the lay public and specific groups within the public. This report will be utilized to conduct an in-depth review of existing public information/education programs and plans of the NCI. The results of this review will, in turn, then formulate the basis for developing a national plan for public information activities of the NCI through the 1980s.

The NCI has been involved in a variety of public information/education efforts for some time. The results of the proposed study will also provide an indication of the degree of impact these programs have had. In addition to providing a measurement standard to review existing programs, the study results also become a baseline against which to evaluate the impact of future programs.

Results of this study will be routinely disseminated to all persons responsible for the development, implementation, and/or evaluation of public information/education programs of the National Cancer Institute. A publication on study findings will be prepared for distribution to other professionals and members of the public as requested. Notification of the existence of this publication will be accomplished by regular promotional mechanisms including press releases, professional journals, and newsletters for the public and professionals. In addition, findings will be made available to other Government agencies who deal with public health issues.

11. Date Project Description Prepared:

June 1981 - THIS PROJECT HAS BEEN PREVIOUSLY APPROVED FOR FUNDING IN FY81. IT HAS BEEN DEFERRED TO FY82 AT THE REQUEST OF DR. HELEN GEE OF THE OFFICE OF PLANNING AND EVALUATION-NIH.

12. Execution:

a. Start Date: November 1, 1981

End Date: September 31, 1983

b. Justification for Using Contract Mechanism - This project can best be performed by a contractor because no in-house specialty staff exists which can engage in this project on a full-time basis.

13. Project Monitor/Contact: Thomas J. Kean
Information Projects Branch
Office of Cancer Communications
National Cancer Institute
Building 31, Room 4B39
Bethesda, Maryland 20205
(301) 496-6792

14. Individual Requesting Project: Same as No. 13

15. Coordination:

An external advisory committee has been established to provide advice and assistance on developing the study design, technical plans, and survey instruments; analyzing the data; and preparation of the final report, and recommendations. This group consists of individuals recognized for their knowledge in the areas of cancer education, survey research, epidemiology, and biostatistics.

16. Information Collection Burden:

This project will require data from more than 10 persons. Data will be collected in FY82 and FY83.

NCI 82-301

1. Project Title: Evaluation of the Supermarket Information Distribution System

The project will evaluate the effectiveness of a system of publication distribution racks in supermarkets and discount stores used to disseminate health information to the public. More than five million NCI publications are distributed each year through this system, along with at least as many more other PHS publications. As yet, however, there is no evaluation which enables managers to compare the effectiveness of this distribution mechanism with other methods.

2. NIH Evaluation Project Number: NCI 82-301

3. Agency Proposing: National Institutes of Health, National Cancer Institute, Office of Cancer Communications

4. Cost and Funding Source: FY 82 $80,000 ($5000)

5. Program Evaluated: PHS-NIH-Biomedical Research-Activity - Program Direction and Management.

6. Purpose:

a) This is a short-term evaluation to determine the actual audiences for and use of the supermarket distribution system.

b) Supermarket display racks are used by at least eight Public Health Service agencies to distribute free publications to the public. For many of these agencies, including NCI, this distribution method is an integral part of overall communications programs. The distribution system operates in 5100 high-traffic supermarkets across 24 States; the potential reach is 60 million shoppers weekly, with some areas designated as primarily black and Hispanic markets. The National Cancer Institute alone distributes approximately five million publications yearly through supermarkets; the total for the PHS is substantially greater. PHS agencies currently spend more than $500,000 annually for this distribution service, not including the costs of the publications.

Distribution of leaflets through the supermarket is thought appropriate because it is among the very few places that most individuals visit each week, and the material, unlike broadcast media messages, can be kept for reading later, reference, and pass-along to others. Further, this distribution channel is believed to be an effective way to reach persons not generally reachable through mass media and other more traditional methods, in particular, low-income and education groups.

This evaluation will look at the overall cost effectiveness of this distribution system. In addition, it will test the hypothesis that agencies using the system can reach identifiable target groups (low SES individuals and minority groups). Low socioeconomic groups in particular should be accessible to information program managers because their level of health information tends to be substantially lower. Further, the specialized health information needs of minorities are important enough to warrant special communication strategies, messages, and distribution methods.

Through the results of this evaluation, policies concerning the cost-effective distribution of printed health information to audiences can be assessed. We would expect the findings to have strong bearing on the way PHS agencies use alternate media and distribution systems to reach target audiences, especially those audiences which tend to avoid use of traditional print media. These issues are of prime concern to health information managers throughout the PHS.

7. Related work: Work to evaluate existing print and broadcast materials has in the past few years had a strong impact on messages reaching the public about health. Careful needs assessment and pretesting, in the form of readability testing, the Health Message Testing Service (both broadcast and print), and careful gatekeeper review of draft materials have helped reduce the difficulty of assimilating relatively complex health information. This means current materials better meet the public needs and are more understandable. The Office of Cancer Communications, NCI, and the National Heart, Lung, and Blood Institute, as primary developers and users of these services, have been able to make information designed for public use easier to comprehend, especially where target audiences with low education and reading skills are involved.

This proposed evaluation will build on such work by helping to determine effective distribution routes for health information. Materials written for lay audiences are now more available, easier to understand, and provide helpful information about steps individuals can themselves take to prevent disease, detect it early, get prompt qualified treatment, and make the most of rehabilitation programs. Now we need to evaluate this distribution system which helps to make this information available to its intended audiences.

While many information programs using mass media have been evaluated and are commonly reported in the literature, no evaluation of the supermarket distribution method has been reported. We now rely on a contractor's self-evaluation of the effectiveness of this distribution route. All available sources of such evaluation have been reviewed, including the very broad areas in the literature involving health education, health communication, information dissemination, public education, social marketing, and related areas, with no useful results.

8. Approach/methodology: In-store observations and intercept interviews will be conducted in a total of nine supermarkets in three cities (3 stores/city). Approximately 150 respondents/store will be interviewed. These 150 respondents will be divided into three categories:

    50 who stop and pick up health information;
    50 who stop and do not pick up health information;
    50 who pass by distribution rack and do not stop.

    The number of test sites was chosen to obtain a range of respondents in terms of geographic dispersion and demographics within cities. Also, interviews will be conducted at different times during the day to ensure a greater range of respondents.

    It is anticipated that this approach is the most effective method for obtaining the information required. In-store observations and individual interviews will permit in-depth assessment of typical supermarket operations. This technique will enable us to learn the dynamics of the actual in-store distribution, determine variations among store displays and assess traffic levels and patterns (how many people pick up information in comparison to those who pass by). The individual interviews will be designed to determine demographics of these three study groups, why non-users do not pick up information, the appropriateness of the Federal Government's distributing materials to the public, and the general accessibility of such information. In addition, these interviews will allow for questions about resoondents' access to health information, alternative sources of health information, and interest.

9. Primary intended users - While it is expected that the evaluation results will be of general interest and value to all PHS information staff, program managers and policy-makers would be the primary group of intended users.

10. Application and utilization of findings: The results of the evaluation will be distributed to those information managers and policy-makers throughout PHS, for the most part associate directors for public affairs and communications, in a position to make decisions about choosing mechanisms to communicate to target audiences. It is expected that this could best be accomplished by the Office of Public Affairs, PHS, perhaps in conjunction with the Office of Health Promotion. Further, at the DHHS level, the Office of the Assistant Secretary for Public Affairs may wish to distribute the report to departmental agencies outside PHS, as many of them rely on the supermarket program and other methods to disseminate publications.

The results of the evaluation will be used to determine the extent to which users of the supermarket program should expand, reduce, or make other changes in their use of the program. Such changes might take the form of contracting for publications distribution only in certain key markets (e.g., low income, minority, inner-city). Managers will be able to weigh the value of the supermarket distribution system compared to other means of reaching the same audiences, for example, television and radio public service announcements or working with existing intermediaries such as community organizations. Managers considering methods of reaching such target audiences will have a measure of how successful they can expect the supermarket distribution system to be and what other systems they should plan to use. All managers will be able to have information on public perception of the appropriateness of disseminating Government materials through such a system, and can better plan to use formative evaluation and readability testing to plan and produce better materials from their agencies.

11. Date Project Description Prepared: May 8, 1981 (first submission)

12. Execution: It is expected that this effort would be done under a contract, with close monitoring by staff. The necessity of having trained interviewers at a variety of locations across the country, and the staff required to implement the tasks associated with this evaluation preclude existing Government staff from conducting this evaluation. Tasks related to decision-making would of course be done by staff, not contractors.

    The contract would be initiated and administered by the Office of Cancer Communications, NCI. The project plan or task order would be developed within 30 days after funding approval, with a contractor ready to start work as soon as the necessary procurement action is completed. It is anticipated that this evaluation would take approximately six months. The end product would be a comprehensive report on the evaluation.

13. Project Monitor/Contact: Rose Mary Romano
    Public Health Educator
    Office of Cancer Communications
    Building 31, Room 4B39
    Bethesda, Maryland 20205
    (301) 496-6792

14. Individual Requesting Project: Rose Mary Romano
    Public Health Educator, OCC

Concept was reviewed, coordinated, and approved by Office of Public Affairs, PHS, and the Division of Public Information, NIH.

15. Coordination: The proposal has been reviewed and approved by the management staff, Office of Cancer Communications; the Information Projects Branch, OCC; the project officer of the Cancer Communications Network Contracts (Division of Resources, Centers, and Community Activities, NCI). Both these offices are to be involved in project plan review, contract administration, and periodic review.

16. Information Collection Burden: This project does require the collection of identical data from 10 or more persons. This would take place during FY '82.

NCI 82-302

1. Project Title: Evaluation of Activities of the International Cancer Research Data Bank (ICRDB) Program. This project will evaluate two major services of the International Cancer Research Data Bank (ICRDB) Program: A computerized cancer database system called CANCERLINE and a series of 50 Special Listings covering major areas of cancer research and containing descriptions of current cancer research projects in each area.

2. NIH Evaluation Project Number: NCI 82-302

3. International Cancer Research Data Bank Program
   Office of International Affairs
   Office of the Director, NCI
   National Institutes of Health

4. Cost and Funding Source:

FY 82	$ 35,000
FY 83	$ 15,000

5. Program Evaluated: PHS-NIH-NCI-OD-OIA-ICRDB Program

6. Purpose

   a) Type of Study: Program Performance Evaluation

   b) Purpose of the Proposed Study:

   Users of major technical information services of the ICRDB Program will be asked to evaluate the ICRDB data base system (called CANCERLINE) and a major series of technical publications (called Special Listings of Current Cancer Research Project Descriptions.)

   In each case, users will be asked to identify changes that would improve the service. Information from the evaluation will be used to optimize the technical information services.

7. Related Work:

   One of the major technical information services of the ICRDB Program (CANCERGRAMS) has already been evaluated. This project will extend the evaluation to two other major information services, CANCERLINE and Special Listings, which, taken together, represent the entire range of services offered by the ICRDB Program.

8. Approach/Methodology:

   Biomedical information specialists who search databases for cancer researchers and who have used CANCERLINE databases in the past will be asked to provide information on a questionnaire. Responses will be used to improve the efficiency and effectiveness

of the databases and to determine how they are used. The specialists included in this survey play a primary role in determining which database will be searched in response to each request. Their views are of critical importance in identifying ways to increase the use and the usefulness of CANCERLINE databases.

One of two major ICRDB publication series is called Special Listings. Each issue of a Special Listing contains several hundred descriptions of current research projects in one of the 50 major cancer research areas covered by this series. We propose to send a followup questionnaire to a sample of users who receive Special Listings, shortly after they receive it, asking about the ways in which it was used and their views of the publication. The users' response to the questions would be used to make future decisions regarding this major publication series and ways to improve the series.

9. Primary Intended Users:

The evaluation is intended to meet the information needs of program managers and policy-makers responsible for the program being evaluated, in order to improve the efficiency/effectiveness of that program.

10. Application and Utilization of Findings:

The findings will be used to identify the aspects of each service which need to be improved in response to comments from the users about areas that need improvement. Since these information services represent a systematic approach to collecting and disseminating technical information resulting from an annual expenditure of about $1 billion for cancer research, any steps which can be implemented to optimize the dissemination of the results would be fully justified.

Results of the evaluation will be summarized in a final report of no more than 20 pages, which will be circulated to interested parties throughout the National Cancer Institute. However, the primary use will be internal, for program optimization.

11. Date Project Description Prepared: June 12, 1981.

12. Execution:

The evaluation will be conducted through a contractor. The in-house staff does not have the expertise to design the necessary questionnaires or provide the necessary analyses of the results.

The contract will be administered by the NCI-NIH-PHS. It will begin in the middle of FY-82 and should be completed by FY-83.

Phases will involve development of the questionnaires; pre-testing of the questions; revision, finalization, and OMB clearance of the questionnaire; selection and sampling of user groups; mailing and receipt of the questionnaires; analysis of the results; and preparation and distribution of the final report.

13. Project Monitor/Contact: Dr. J. Wesley Simmons, Room 10A18, Westwood Building, National Cancer Institute, NIH. (496-7403).

14. Individual Requesting the Project: Dr. John H. Schneider, ICRDB Program Director.

15. Coordination:

As the work scope and questionnaires are developed, appropriate individuals will be asked to review each critical phase of the project. Although the project may be approved in FY 81, the long time span required for contract award will delay the project.

16. Information Collection Burden

The project involves collection of data from several hundred users.

NCI 82-303

1. PROJECT TITLE: CANCER THERAPY EVALUATION PROGRAM (CTEP) INFORMATION SYSTEM

The system will provide scientific and administrative information on 1) treatment modalities (e.g., drugs, biological response modifiers, radiation and surgery), 2) diseases, 3) protocols, and 4) investigator teams. The project will require the development of a data base system which will consist of information on the objectives of proposed, active, and completed protocols and provide data on the results of active and completed protocols. In addition, it will provide for the establishment of a data base for treatment modality development and for disease treatment development.

2. NIH EVALUATION PROJECT NUMBER: NCI 82-303

3. AGENCY PROPOSING: NIH-NCI-DCT

4. COST AND FUNDING SOURCE

	SET ASIDE	(NCI)	DCRT	
FY 82	245,000	(0)	50,000	
FY 83	72,500	(72,500)	25,000	(25,000)
FY 84	0	(145,000)	(50,000)	
FUTURE YRS				

5. PROGRAM EVALUATED: Clinical Treatment Research Program - Information System - Extramural Program

6. PURPOSE: Design and development of an information system and data base.

The Cancer Therapy Evaluation Program (CTEP) monitors and sponsors clinical trials with investigational and known antineoplastic treatment modalities. The scope of the program has evolved from broad drug trials with investigational chemotherapeutic agents to disease-oriented approaches including the incorporation of effective chemotherapeutic combinations during the early stages of disease and testing of new modalities such as immunotherapy in combination with surgery, radiotherapy, and chemotherapy in specific disease entities until now considered untreatable. For these purposes, the program has planned and helped organize several study groups designed to test combined modality approaches to specific disease entities; it also supports clinical cooperative groups made up of institutions of higher education. These cooperative groups share in the design, development, execution, and analysis of clinical protocols. Traditional grant programs deal with all aspects of radiation oncology, physics, and biology as well as multidisciplinary and traditional grants in medical oncology. Disease-oriented meetings with representatives from all interested groups are held to achieve coordination of clinical research efforts at a national level.

For the period FY 77 through 81, the average number of active protocols was 1,686 and the average number of drug orders 11,663. There are currently about 1,600 registered investigators eligible to receive drugs and some 900 Investigational New Drugs for which NCI has responsibility.

The CTEP manages the clinical cancer treatment research program described above. In order to do so, its staff requires up-to-date information on the protocols being used to treat various types of cancer, the several treatment modalities, and the amounts of drugs required to treat the projected patient load of each protocol. Access to such information will enable CTEP staff to determine which drugs or other therapeutic modalities have been adequately studied and to devise new and possibly more effective treatment strategies.

This system, when fully operational, should materially assist in evaluating the DCT clinical treatment research program by providing access to the results achieved under various therapeutic regimens.

7. RELATED WORK: A limited pilot study has demonstrated the feasibility and utility of this system. A small data base has been built. Query and report generation programs have provided useful tables showing, for example, all protocols being used for the treatment of colorectal cancer, all drugs in use for treating myeloma, etc.

   A later phase in the planned study will determine the feasibility of linkages to related systems, such as the Drug Distribution Authorization System, the International Cancer Research Data Bank, the DCT Budget Management System and the ADP system of the Pharmaceutical Resources Branch. This phase will be supported by NCI funds.

8. APPROACH/METHODOLOGY: This project will have its logical beginning at the time of receipt of a new protocol by one of CTEP's Branches. Information extracted by CTEP clerical staff and recorded on word processing discs will be used as the initial information base. Further information recorded by CTEP clerical staff during the protocol review process will also be incorporated into the data base. In addition, concurrently, the CTEP-IS team will prepare a more detailed scientific analysis of the protocol and incorporate it into the data base.

   During the review process this data base will be used 1) to provide status reports on all protocols and summary reports of both administrative and scientific structure of the protocol for use by CTEP staff, 2) to provide reports of currently active relevant protocols and 3) to access the Drug Distribution data base, in order to provide details of current drug inventory, drug use rate, and the additional impact of the proposed protocol.

   In addition to managing the data for protocol review and consequently providing a data base for activated protocols, this project will have several other major functions: 1) actively obtaining reports of protocol results

and abstracting data into the data base, 2) actively maintaining a current data base on the administrative aspects of new drug development, 3) preparing regularly scheduled reports of ongoing clinical trials oriented a) by phase of study, b) by study drugs, c) by study disease, 4) maintaining the already existing Drug Development Report Tables, and by 5) having the capability to respond to ad hoc information requests at the rate of at least one per day with a 24 hour turnaround time.

9. PRIMARY INTENDED USERS:

The evaluation is intended to meet the information needs of CTEP professional staff and program managers in order to improve the efficiency and effectiveness of the CTE program.

10. APPLICATION AND UTILIZATION OF FINDINGS:

Based on the results of these analyses, decisions will be made on the determination of research directions of all aspects of clinical cancer treatment on a national level. In particular, decisions about initiatives on specific disease treatment research, specific drugs, biologic modifiers, radiation,and surgery development, will be more effectively made.

11. DATE OF PROJECT DESCRIPTION: 6/17/81

12. EXECUTION: The contract mechanism will be used because in-house programming staff is minimal.

NIH - NCI - DCT will administer the contract

Probable Start : March 1, 1982

Probable Completion: February 28, 1985

Note: Although a three-year contract is contemplated, part of the funds will come from NCI. Set-aside funds are requested for Phase I: development of the protocal data base and Phase II: incorporation of results of clinical trials. Deliverables will be SAS programs, operating instructions, and documentation.

13. PROJECT MONITORS: Meyer Gordon 496-5118 and Paul Vilk 496-5725

14. INDIVIDUAL REQUESTING THE PROJECT: Daniel Kisner, M.D.
Deputy Associate Director for
Cancer Therapy Evaluation Program

15. COORDINATION: Concept reviewed by DCT BSC; project plan and workscope reviewed by DCT senior staff, OPPA and ICRD.

16. INFORMATION COLLECTION BURDEN: Not applicable.

NCI 82-304

1. Project Title: Evaluation of Community Hospital Oncology Programs

In 1975 the Division of Cancer Control and Rehabilitation initiated seven pilot Clinical Oncology PRograms (COPs) in community hospitals that had no major affiliations with academic cancer centers. These multidisciplinary programs were developed in diverse community settings to meet local needs. Elements and approaches from these initial programs were combined into a basic model approach to community cancer program development. The model is grounded in the principle that community programs are most successful when planned and developed by those who will use and be most affected by the program. The model names nine components or operational objectives of the cancer program, provides strategies for involving cancer care practitioners in program development, and specifies methods for a local evaluation to assess and document changes in cancer care practices attributable to the program. This model is being field tested in 23 communities under the title Community Hospital Oncology Program (CHOP). Twentr-three 18-month planning phase contracts were awarded in January and February 1981. Plans for two years of implementation will be submitted for review after 12 months.

The CHOP Program has been approved for an Evaluability Assessment under Contract HHS-100-81-0029. Under a Task Order, approximately $100,000 in ASPE Set Aside Funds will support a six-month effort to be conducted in accordance with HHS Evaluability Assessment Guidelines. An additional output from this assessment will be a plan and common data set for a CHOP Program Evaluation to be conducted during the two years of implementation scheduled to begin in July and August 1982.

This project will request NIH Set Aside Funds to conduct the CHOP Program Evaluation under NCI contract.

2. NIH Evaluation Project Number: NCI 82-304

3. Agency Proposing: NIH/NCI/DRCCA

4. Cost and Funding Source: NIH Set Aside Funds FY 1982 $300,000

5. Program Evaluated: Community Hospital Oncology Program

6. Purpose:

   a. The request is for a full-scale evaluation. The evaluability assessment will be carried out in conjunction with the Office of Evaluation and Technical Analysis (OETA). Approval of this request for evaluability assessment was obtained June 18, 1981. The request for full evaluation is predicated on a successful outcome of the evaluability assessment.

b. The purpose of this evaluation is to determine whether the approaches used were effective in achieving the goals of NCI as enunciated in the RFP and Statements of Work; whether or to what extent the CHOP projects met the expectations of NCI leadership and the participating communities; whether the output from these contracts was worth the investment; and whether the results justify a continuation and expansion of this approach.

7. Related work:

No other comparable projects exist. Results of this evaluation will be utilized in formulating future policy concerning the interface between community oncologists and the National Cancer Institute.

8. Approach/Methodology:

The population to be assessed consists of the 23 CHOP contractors. A common set of informational items will be provided to NCI by each CHOP contractor. This information will permit a determination of the extent to which key elements of the CHOP model were developed and problems encountered. Each project will involve community cancer care practitioners in the development of criteria and guidelines for optimal care. These will generate auditing criteria for assessment of cancer care practices. A time series analysis of care practices will be performed to demonstrate changes occurring under the program. Data items from NCI's Seer Program and the American College of Surgeons population will be utilized to determine national trends in community cancer care to account for maturation effects.

Under this proposed contract, project data will be received with appropriate edit checks and quality control procedures. The contractor will establish the data base and produce analytic reports to assist in monitoring and evaluation of the ongoing CHOP programs. The set of logic models developed under the Evaluability Assessment will provide the framework for determining if the CHOP programs are meeting expectations and having the desired effects.

9. Primary Intended Users:

b. and c. -- Policy-makers need the evaluation information as a basis for future policy decisions. In addition, Congress has raised questions about the adequacy of NCI's attempts to transfer treatment technology to the practicing oncologist. This evaluation will provide information relevant to part of that issue.

10. Application and Utilization of Findings:

Results of the evaluation will be considered in formulating policy affecting the expenditure of approximately $10 million annually during Fiscal Years 1983 through 1988.

11. Date Project Description Prepared: June 24, 1981.

This is not a revision of a previous submission.

12. Execution:

This will be a contract. There are no staff with suitable competence to carry this out as an in-house evaluation. The project will be administered by DHHS/NIH/NCI/DRCCA. It should be started approximately January 1, 1982, assuming the evaluability assessment has been successfully completed by that time. The end product will be a report.

13. Project Monitor/Contact:

Dr. Donald Buell, Program Director, Community Outreach and Rehabilitation Branch, Blair Building, Room 701, 8300 Colesville Road, Silver Spring, MD 20910. His telephone number is (301) 427-8708.

14. Individual Requesting Project:

Dr. William Terry, Acting Director, DRCCA. This project was not mandated by either Congress or the Secretary of DHHS.

15. Coordination:

This project has also been reviewed by the Office of Program Planning and Analysis, NCI.

16. Information Collection Burden:

This project probably will require that identical data be obtained from 10 or more persons in Fiscal Years 1982 and 1983. The Information Collection Budget will be filled out if this project is approved for funding.

NCI 82-305

1. Project Title: Evaluability Assessment of Cancer Control Programs for Clinical Cooperative Groups

In 1976, the Division of Cancer Control and Rehabilitation (DCCR) initiated a program of support to NCI's cooperative clinical trials groups to facilitate their interactions with community oncologists. These were to serve as cancer control demonstration programs to increase the rate of cancer treatment technology transfer and to upgrade the quality of cancer management at the community level.

2. NIH Evaluation Project Number: NCI 82-305

3. Agency Proposing: NIH/NCI/DRCCA

4. Cost and Funding Source: NIH Set Aside Funds

FY 82 $125,000

5. Program Evaluated: Clinical Trials Outreach Program

6. Purpose:

A first step is to document the program as it was intended by NCI, changed expectations under new NCI leadership, and expectations of the participants themselves initially and as the program has evolved under implementation. These expectations will be contrasted with the documented actual program. Finally a determination will be made if sufficient data exists to examine whether the program met these varied expectations, whether the output from these grants and contracts was worth the investment, and whether the results justify a continuation or expansion of this approach. This Evaluability Assessment can be viewed as having a twofold purpose. First, it will determine the extent to which the programs that have been in existence can be meaningfully evaluated. Second, and more importantly, it will alert NCI as to informational needs that must be built into future programs of this kind.

7. Related work:

No other comparable projects exist. Results of this evaluation will be utilized in formulating future policy concerning the interface between community oncologists and NCI.

Closing the feedback loop between the practicing community and NCI's research effort is viewed as "the most serious operational problem facing NCI in the next decade." (Statement by the Director, NCI, to the Senate Labor and Human Resources Committee, May 21, 1981.) The most advanced versions of new therapies for cancer are found in the clinical research setting. This represents the leading edge for technology transfer to every patient who develops cancer. Application of clinical

trials in the community setting has become possible because of a decentralization of cancer care expertise in this country. Large numbers of highly trained medical, radiation, and--more recently--surgical oncologists have entered the community practice setting. Continued vigor of NCI clinical trials programs now requires meaningful involvement with community oncologists. To this end NCI is now considering new programs in support of regional cooperative groups and for 100 to 200 hospital oncology programs to serve as foci for involvement of community oncologists in clinical research.

8. Approach/Methodology:

In order to mount a timely evaluability assessment it is recommended that NIH Set Aside Funds be channeled directly through the existing Contract HHS-100-81-0029 (ASPE), which covers NIH for purposes of conducting Evaluability Assessments and Short-Term Evaluations. Since the Board of Scientific Counselors of the Division of Resources, Centers, and Community Activities (DRCCA, successor to DCCR) will soon be involved in concept approval for possible continuation of the Clinical Trials Outreach Program, it is essential that this project be initiated promptly. By utilizing a task order under the existing contract, this effort can be initiated in August 1981 and be completed in January 1982.

Standard HHS approaches to Evaluability Assessment will be utilized as required under the above mentioned contract and outlined in the document "Evaluability Assessment: Making Public Programs Work Better" (Schmidt, R.E., et al, Human Services Monograph Series, 1979).

Specific tasks would be:

(1) Document the intended program.
(2) Document the actual programs.
(3) Analyze/synthesize findings, formulate evaluation and future management options.
(4) Reanalyze and formulate plausible evaluation/management options.

In documenting the program, perceptions of the program participants will be at three levels -- that of Group Chairmen and Cancer Control Committee Chairmen, that of participant group member academic institutions, and that of the participating community physicians.

The population to be assessed are five national clinical trials groups (the Eastern Cooperative Oncology Group, the Radiation Therapy Oncology Group, the Childrens Cancer Study Group, the Southwest Oncology Group,

and the National Surgical Adjuvant Breast Program) whose outreach programs are supported by contract, and two regional clinical trials groups (the Northern California Oncology Group and the North Central Cancer Treatment Group) supported by grants. The consideration of potential data to be gathered will include objective measures of change in community oncology practices induced by the activities supported by NCI, indirect measures of change in terms of community oncologist exposure (increase numbers of seminars, tumor board meetings, etc.), changes in the numbers of patients from the community placed on protocol studies, changes in referral patterns of patients from the community to major centers, other changes in the relationship between community oncologists and academic oncologists.

9. Primary Intended Users:

b. and c. -- Policy makers need information as a basis for future policy decisions. Congress has raised questions about the adequacy of NCI's attempts to transfer treatment technology to the practicing oncologist. As new programmatic approaches are planned,these assessments will point out key evaluation issues to be incorporated from the beginning.

10. Application and Utilization of Findings:

Results of the evaluation will be considered in formulating policy affecting the expenditure of about $10 million annually for Fiscal Years 1983 - 1988.

11. Date Project Description Prepared: June 24, 1981.

This is not a revision of a previous submission.

12. Execution:

This will be a contract. There are no staff with suitable competence available to carry out this project in-house. The project will be administered by NIH/NCI/DRCCA. The project should be started as soon as possible. The end product of this project will be a report.

13. Project Monitor/Contract:

Dr. Donald N. Buell, Program Director, Community Outreach and Rehabilitation Branch, Blair Building, Room 701, 8300 Colesville Road, Silver Spring, MD. 20910. His telephone number is (301) 427-8708.

14. Individual Requesting Project:

Dr. William Terry, Acting Director, DRCCA. This project was not mandated by Congress or the Secretary of DHHS.

15. Coordination:

This request has been reviewed by the Office of Program Planning and Analysis, NCI.

16. Information Collection Burden:

This project will not require collection of identical data from 10 or more individuals.

Project No.: NCI 77-2

1. EDC ID No.:

2. Entry Dates: 3. Status: Completed

4. Project Title: Evaluation of NCI Science Program Information Systems

5. Report Title: Study on Science Program Information Systems

6. Agency Sponsor: PHS-NIH-NCI 7. Start/End Dates: 78-09, 80-09

8. Performer: Enviro Control, Inc.; One Central Plaza, 11300 Rockville Pike, Rockville, MD 20852

9. Agency Contact: Morrison, B.; Building 31, Room 11A51, NIH; (301) 496-3308

10. Cost: FY 78-$75, FY 79-$75 ($15)

11. Fund Source: Evaluation and Research 12. Mechanism: Contract

13. Project No.: NCI 77-2 14. Contract No.: NO1-CO-8-5414

15. NTIS No.: NYD 16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Institute Specific-Cancer

18. Evaluation Type: Research and Data Development, Program Management or Efficiency

19. Descriptors: Information Systems, Information Processing, Survey, Cancer

20. Abstract: The rapid growth of the National Cancer Program and the associated increase in responsibilities and the need for particular types of information regarding content to support program planning and management has resulted in the development and use of several information systems. Within these systems there has been some redundancy in function and capabilities, differences in classification of science, certain needs for information are still not met, and occasional confusion exists as to which system to use to meet the increasing demands for information. This study was designed to evaluate the existing science program information systems within NCI and NIH in terms of their content, quality, capabilities, and usage. The study approach was conducted by collecting and analyzing all available data on the existing systems. The data were collected by interviewing the system managers and a selection of users throughout NCI and by obtaining all available systems documentation, example outputs, and evidence of uses.

The study report highlighted a number of problems including data overlap among systems, lack of comprehensive data in any single system, problems in information currency, and limitations in search capabilities and user documentation. Study recommendations included long- and short-range actions. Specific recommendations of this study are presently under review by NCI staff.

Project No.: NCI 77-3

1. EDC ID No.:

2. Entry Dates:

3. Status: Completed

4. Project Title: Evaluation of Regulations Affecting the Conduct of Clinical Cancer Research

5. Report Title: Evaluation of Regulations Affecting the Conduct of Clinical Cancer Research

6. Agency Sponsor: PHS-NIH-NCI

7. Start/End Dates: 78-09, 81-01

8. Performer: Carnegie-Mellon Institute, 400 5th Street, Pittsburgh, PA 15213

9. Agency Contact: Henney, Jane E.; Building 31, Room 3A49, NIH; (301) 496-6711

10. Cost: FY 78-$145, FY 79-$100, FY 80-$49

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NCI 77-3

14. Contract No.: NO1-CM-8-7173

15. NTIS No.: NYD

16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Institute Specific-Cancer
PHS-NIH-Biomedical Research-Activity-Disease Control

18. Evaluation Type: Program Impact

19. Descriptors: Regulation and Standard Setting, Health Care Delivery Systems, Surveys

20. Abstract: This contractor has conducted an investigation of the relationship of Federal regulations to the conduct of clinical treatment research in cancer. This study was conducted through an analysis of the relevant FDA and PHS regulations and guidelines (and, where appropriate, State and local statutes as well), research subjects and patient organizations, clinical investigators and the administrative staff of their institutions, and institutional review committees. Conferences and workshops were used to bring together representatives at various organization levels, engaged or associated with clinical scholars, consultants specifically recruited for this study, and NCI, NIH, and FDA staff. The questions addressed by this analysis were: 1) whether the research subject is protected from undue risk and coercion by the current Federal regulations, 2) the unique status of cancer patients as they relate to FDA and PHS guidelines concerning the risk:benefit ratio spectrum of toxicities of a new therapy, 3) the adequacy and compliance of obtaining informed consent from cancer patients, 4) the ability of IRBs to competently analyze cancer treatment protocols, 5) the way in which the population of cancer patients, particularly those with advanced disease, perceive their involvement in treatment research, and 6) suggestions for modifying the existing regulations and procedures in order to improve cancer treatment research in the areas listed.

Project No.: NCI/NHLBI 77-5

1. EDC ID No.: 1509

2. Entry Dates: 78-04

3. Status: Ongoing

4. Project Title: Health Education Message Testing System - Broadcast and Print Components

5. Report Title: NYD

6. Agency Sponsor: PHS-NIH-NCI/NHLBI

7. Start/End Dates: 77-09, 81-09

8. Performer: Porter, Novelli, and Associates, Inc.; 3240 Prospect Street, NW; Washington, D.C.

9. Agency Contact: Romano, Rose Mary, Rm. 4B39, Bldg. 31, 301-496-6792

10. Cost: FY 77-$75, FY 78-$0, FY 79-$200, FY 80-$200, FY 81-$200

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NCI/NHLBI 77-5

14. Contract No.: NO1-CO-7-5360

15. NTIS No.: NYD

16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Institute Specific-Heart Lung & Blood;
PHS-NIH-Biomedical Research-Institute-Specific-Cancer

18. Evaluation Type: Place Project or Technique

19. Descriptors: Media, Educational Technology, Consumer Education (Health Education)

20. Abstract: This project, cosponsored by NHLBI and NCI, will determine appropriate methodologies for testing broadcast and printed health messages. Such methodologies are not now widely used to pretest health messages and materials before they are produced in final form. Standardized methodologies would provide cost-effective ways to evaluate health education messages and would provide a means for comparing the effect of different messages. NHLBI, NCI, and OHIHP, with the assistance of a working group, have developed the methodologies for pretesting broadcast and print messages for NIH and other related agencies. This testing period has provided a demonstration of the methodology and a projection of users cost. Adoption of message pretesting would assure that the limited amount of media time available for health education would be allotted to the most effective messages. Further, the results of this testing will form the basis for recommendations/guidelines for message producers to use to develop effective broadcast messages and printed materials. Results will be disseminated through agency reports and journal publication.

Project No.: NCI 78-3

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of the Effectiveness of Cancer Education

5. Report Title: NYD

6. Agency Sponsor: PHS-NIH-NCI

7. Start/End Dates: 79-09, 81-09

8. Performer: American Association for Cancer Education, Inc.; 601 Elmwood Avenue, Box 704, Rochester, NY 14642

9. Agency Contact: Edwards, M.; Blair Building, Room 722A, NIH; (301) 427-8855

10. Cost: FY 79-$100, FY 80-$100

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NCI 78-3

14. Contract No.: NO1-CO-95464-09

15. NTIS No.: NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Institute Specific-Cancer

18. Evaluation Type: Program Impact, Research and Data Development

19. Descriptors: Consumer Education, Education Techniques, Curriculum Development, Literature Review, Survey, Statistical Data, Information Processing, Cancer

20. Abstract: The purpose of this study is to develop a methodology for providing systematic evaluation of the effectiveness of Clinical Cancer Education Grants. The educational goals, objectives, and cancer teaching activities at each grantee institution need to be documented, their quality assessed, and the degree of their achievement measured on an annual basis. The published guidelines for the program will be revised, and a list of optimal goals for undergraduate medical and dental education relative to cancer will be prepared. The study will provide information useful to medical and dental schools and their affiliated teaching hospitals, and the means developed for program evaluation and monitoring will enable the National Cancer Institute to plan program developments, respond to inquiries, and prepare appropriate reports. Presently the contractor has completed two of the three major tasks to be performed and is engaged in the last task, that of developing an efficient data analysis and monitoring system. Close contact between the project officer and the contractor is maintained, and reporting has been satisfactory. The contract will terminate on September 30, 1981.

Project No.: NCI 80-303

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of the Impact of the Estrogen Receptor Assay on the Clinical Management of Patients with Breast Cancer

5. Report Title: NYD

6. Agency Sponsor: PHS-NIH-NCI

7. Start/End Dates: 80-09/82-06

8. Performer: Fred Hutchinson Cancer Research Center, 1124 Columbia Street, Seattle, Washington 98104

9. Agency Contact: Mary E. Sears, M.D.; Landow Bldg., Room 8C19; 496-6718

10. Cost: FY 80-$105

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NCI 80-303

14. Contract No.: NO1-CB-04338

15. NTIS No.: NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Institute Specific-Cancer

18. Evaluation Type: Program impact

19. Descriptors: Cancer, Medical Practice, Biomedical Research

20. Abstract: The Breast Cancer Task Force, National Cancer Institute, has supported three laboratory projects involved with the development of estrogen receptor assay methodology and/or with providing laboratory service to clinical research projects. The Task Force also sponsored a major Workshop in 1974 and was responsible for the program of the Consensus Development Conference on Steroid Receptors in Breast Cancer in June 1979.

The National Cancer Institute is interested in learning the extent that estrogen receptor (ER) assays are being performed on human breast cancer tissues, primary and metastatic, and the extent that estrogen receptor assays results influence the clinical management of patients with breast cancer. In research settings the ER determinations have been shown to be useful in predicting response to endocrine therapy. There also are data that suggest that Stage II cancers of the breast that lack ER tend to recur earlier than those which are positive for ER, independent of the size of the tumor or the degree of nodal involvement. This study is designed to evaluate the application of these research gains in current clinical practice.

Among several excellent proposals submitted in response to the RFP, that from the Fred Hutchinson Cancer Research Center was selected. The Review Committee recommended funding an additional project, should funds become available.

The project began in September 1980 and is expected to be completed in June 1982. The study population consists of the female residents of King County, Washington, who developed breast cancer in 1977-78, and all female residents of a thirteen-county area who developed breast cancer in 1980. The investigators are collecting clinical and laboratory data from the medical records of these patients and descriptive information on the hospitals, physicians, and laboratories in the study area. When analyzed, these data will be useful in planning special educational and other programs concerned with advances in clinical oncology.

5

NATIONAL HEART, LUNG, AND BLOOD INSTITUTE

Dr. Peter L. Frommer, Acting Director

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Proposed Budget

		Dollars in Thousands FY 81	FY 82	FY 83
NHLBI/NCI 77-5	Health Message Testing	66	--	--
NHLBI 78-5	Evaluation of Progress in Pediatric Pulmonary Diseases	2	167	--
NHLBI 78-6	Blood and Hypertension Research Manpower Data Base	5	--	--
NHLBI 78-7	Evaluation of the Impact of Adenine on Blood Banking	75	95	--
NHLBI 79-302	Evaluation of Health Hazard Appraisal in Work Setting Preventive Medicine Programs	--	--	--
NHLBI 79-304	Evaluation of the Effect of Sickle Cell Counseling	60	120	--
NHLBI 79-309	Evaluation of Hyperlipoproteinemia Dietary Manuals and Physicians Handbook	--	--	--
NHLBI 79-310	Evaluation of the Pulmonary Academic Award Program	--	--	--
NHLBI 79-311	Evaluation of Regimen Compliance	--	25	--
NHLBI 80-301	SCOR Mechanisms Evaluability	--	130	--
NHLBI 80-304	Evaluation of Statewide Hypertension Programs	38	124	--

(cont.)

Proposed Budget (continued)		Dollars in Thousands FY 81	FY 82	FY 83
NHLBI 80-306	Evaluation of Effect of High Blood Pressure Media Messages on Physicians	--	--	--
NHLBI 80-307	Evaluation of Nutrition Seminar Program	40	10	--
NHLBI 80-308	Evaluation of Sickle Cell Teacher Seminar	63	55	47
NHLBI 80-309	Evaluation of DBDR Erythropoietin Program	(41) --	--	--
NHLBI 80-310	Assessment of Audience Exposure to Television Public Service Messages on High Blood Pressure	--	102	54
NHLBI 80-311	Evaluation of Methodology to Aggregate Clinical Trial Results	--	--	--
NHBLI 81-303	Evaluation of Education Programs and Materials for Self-Management of Children with Asthma	--	55	28
NHLBI 81-304	Evaluation of Behavioral Medicine Program	23	27	--
NHLBI 81-306	Impact of Funding Decisions in the NHLBI Initiative Planning System	--	80	--
NHBLI 81-307	Evaluability Assessment of the Hypertension Detection and Follow-Up Program	37	83	--
NHLBI 81-310	Impact of Smoking Cessation Programs in the Federal Workplace	100	--	--

(cont.)

Proposed Budget (continued)		Dollars in Thousands FY 81	FY 82	FY 83
NHLBI 81-312	Evaluation of the SCOR Program	--	--	150
NHLBI 81-313	Evaluation of the Framingham and Other CHD Risk Models in a Large National Cohort	100	--	--
NHLBI 81-314	Evaluation of a Demonstration Program for Hypertension Control Using Community Health Centers	37	63	--
NHLBI 81-315	Feasibility Assessment of a Program to Measure Changes in Causes of Death	10	104	--
NHLBI 81-316	Evaluation of Postdoctoral Research Training	--	75	--
NHLBI 82-301	Evaluation of the Impact of NHLBI-CDC Lipid Standardization Programs	--	--*	--
NHLBI 82-302	Evaluation of the Impact of the Coronary Primary Prevention Trial and the Multiple Risk Factor Intervention Trial: Baseline Measurements	--	300	50
NHLBI 82-303	Interim Survey & Qualitative Research on Public Knowledge, Attitudes, and Behavior Regarding High Blood Pressure	--	50	--
NHLBI 82-304	Evaluation of Primary Reference Materials in Biomaterials Research	--	40	30
NHLBI 82-305	Impact of Nutrition Education Programs on Blood Lipids and Nutritional Status	--	100	50

(cont.)

*To be submitted separately

Proposed Budget (continued)		Dollars in Thousands FY 81	FY 82	FY 83
NHLBI 82-306	Evaluation of the Hypertension Detection and Followup Program (Phase II: Status of Health and Health Practice)	--	150	150
NHLBI 82-307	The Impact of Research Support Reductions on Large Grant-Supported Programs	--	80	--
NHLBI 82-308	Evaluation of a Demonstration Program for Hypertension Control Using Community Health Centers (Phase II: Conduct of the Evaluation)	--	200	90
	Total FY 82 Set-Aside Fund Request		$2,205	

NHLBI 81-306

1. Project Title: Impact of Funding Decisions in the NHLBI Initiative Planning System.

   This project will examine selected NHLBI initiatives, some of which have been funded, and others which have not been funded because of funding limitations for fiscal year 1974-75; and through these attempt to assess the impact of the initiative planning system. A state-of-the-art review will be held for the 1974-75 time period for each selected area, followed by an analysis the progress of scientific accomplishment and change of the state of the art through fiscal year 1980.

2. NIH Evaluation Project Number: NHLBI 81-306

3. Agency Proposing: NIH/NHLBI/OPPE

4. Cost and Funding Source:

   a. Source: Set-aside funds
   b. No prior costs
   c. FY '82: $80,000
   d. Project fully funded

5. Program Evaluated: National program planning

6. Purpose:

   a. As part of the NHLBI planning process, representatives of the community, staff, and Divisional Advisory Committee members suggest program initiatives for possible implementation for the next fiscal year. Each initiative is discussed and rated by both Advisory Committee members and Institute staff. After collective judgment of the importance of the topic, timeliness, feasibility of approach, and need for work in the field, all initiatives are given priority ratings.

      Because of funding limitations, many of the high priority initiatives are not implemented in the following year or subsequent years. The impact of funded initiatives is available from progress reports, bibliographic and citation analysis, and the Institute management system; however, the impact of not funding initiatives is not clear. The impact might be the slowing of research progress in an area; a shifting of investigator-initiated resources in an area; or the response of another agency or foundation to support of the area. The purpose of this project is to assess the impact.

   b. The rationale behind initiatives is that they are essential to timely scientific progress. Initiatives are aimed at specific areas of need which it is judged will not otherwise be met in a timely manner. The implication of not funding them, therefore,

is that progress will be impeded. This project will assess whether this has in fact been the case for the unfunded initiatives in Fiscal Year 1974-75. The following questions will be addressed:

- What changes in the state of the art have occurred in the areas of the initiatives from FY 74 through FY 81?
- What was the evidence of the need for the initiatives at the time that they were approved?
- Were research projects in the areas of the unfunded initiatives conducted from FY 74 to FY 81 through alternate funding sources?

c. The results of the study are expected to clarify the impact of approved initiatives on progress in areas of the National Program. This information will potentially affect management decisions of the Institute regarding future allocation of research resources between the regular research grant line and directed initiatives.

7. Related Work: No work of a directly similar nature is currently underway; related work on bibliographic analysis to measure research progress has been underway and the results of that work will be instrumental in this project.

8. Approach/Methodology:

The project will assess the impact of initiatives, some of which were funded and others which were not funded, in the FY 74-75 period. More specifically, it will attempt to determine whether scientific progress was impeded by not funding initiatives. The basic approach will be to examine the progress of scientific accomplishment and change in the state of the art in the period following the approval of the initiative. Reviews of the state of the art in 1974-75 and in the following period through FY 81 will be performed for each of the initiative areas, and the findings compared. A case study analysis will then be made of the role of the initiatives in the progress or lack of progress which has occurred.

Several approaches may be taken in such a case study. One is to assess whether any differences in progress are evident in those areas where initiatives were funded as compared with the areas where initiatives were unfunded. Another method is to re-examine the reasoning which originally motivated the initiatives (that is, the determination that the importance of topic, the timeliness, the feasibility of approach, and the need for the work justified the initiatives), and to relate the information to the actual progress which occurred. A third method is to investigate the extent to which research projects in the areas of the initiatives were supported through alternate funding sources,

such as investigator-initiated NIH grants, in the period through FY 81. If so, the indication would be that progress was not impeded by not funding the initiatives.

The methodology is expected to rely heavily on expert assessments for the state-of-the-art reviews and judgements of the need for the initiatives. Techniques of bibliographic and citation analysis will be used to analyze publications in the periods in question, and computer searches of NIH files will be utilized to locate grants similar to the initiatives not funded.

The project is the first attempt to evaluate this aspect of the Institute's program planning system. The methods and experience will be extremely useful to the Institute as it continues to evolve its management system.

9. Primary Intended Users: B

10. Application and Utilization of Findings: The project results will be disseminated to all planning and evaluation offices at NIH and, it is expected, through one or more presentations at meetings. The Institute's advisory groups would be made especially aware of the results.

11. Date Project Description Prepared: May 1980

12. Execution:

    a. November 1, 1981 - October 31, 1982

    b. A contract will be let to secure consultant expertise which is not available in the permanent staff.

13. Project Monitor/Contact:

    Jay Moskowitz, Ph.D.
    OPPE
    NHLBI
    Building 31, Room 5A03
    Bethesda, Maryland 20205
    (301) 496-6331

14. Individual Requesting Project:

    Jay Moskowitz, Ph.D
    OPPE
    NHLBI
    Building, 31, Room 5A03
    Bethesda, Maryland 20205
    (301) 496-6331

15. Coordination:

a. The OD staff of NIH will be consulted during the project since the issue involved is of significance to all BIDs initiating projects.

b. No other agency has been contacted concerning the project and no such review is anticipated.

16. Information Collecting Burden: No information collection burden from individuals is anticipated.

NHLBI 81-312

1. Project Title: Evaluation of the SCOR Program.

   This project continues the evaluation effort begun under project NHLBI 80-301, "Pilot Evaluation of the SCOR Program," scheduled to conclude in November 1981. If so recommended and approved by NHLBI, this project will implement the evaluation plan developed and tested under NHLBI 80-301.

2. NIH Evaluation Project Number: NHLBI 81-312

3. Agency Proposing: NIH/NHLBI/OPPE

4. Cost and Funding Source:

   a. Source: Set-aside funds
   b. The cost of the pilot evaluation which precedes this project is estimated to be $130,000.
   c. FY 83: $150,000

5. Program Evaluated: Program management/SCOR mechanism

6. Purpose:

   a. The SCOR program now represents an Institute investment of nine percent of the extramural budget, or $41.6 million in FY 79. The Centers hold the promise of innovative, productive research approaches to problems of significant national need through a blend of basic, clinical, and interdisciplinary research focused on a common theme. As a step toward evaluating the effectiveness of the program, a pilot evaluation project was initiated to develop and test an evaluation plan. The purpose of this project is to implement the evaluation plan on a full-scale basis, if so recommended and approved by NHLBI.

   b. The project will attempt to determine the extent to which the SCOR program is effective in meeting its operational and scientific objectives as described and defined through the performance of the pilot evaluation. It will also attempt to identify what elements of the program influence its effectiveness, in order that ways of improving the program may be found.

   c. The project is expected to provide information about the outcomes and effectiveness of the program which will better enable the Institute to manage its limited research resources.

   d. The results of this study may impact on policy decisions regarding the allocation of NHLBI extramural funds. They may also result in changes in the structure or management of the program in those areas where effectiveness may be improved.

7. Related Work:

Recently completed research supported by NIH/OD and NICHD has attempted to assess the effectiveness of research centers in general. NIAMDD is initiating three evaluation projects dealing with centers, one of which will deal with a specific set of NIAMDD SCORs. The results from these projects will be of limited use to this proposed effort, given the uniqueness of the history and magnitude of the NHLBI SCOR program from other SCOR programs and from Centers in general, but they will be incorporated into our effort. Of greater importance will be the results and findings of project NHLBI 80-301, the pilot evaluation of the SCOR program.

The performance of this full-scale evaluation project will provide useful information to NHLBI in the management of its resources; it will also contribute to the state of the art of Center evaluation research. NHLBI plans to share the information received from NHLBI 80-301 with NIAMDD for their SCOR evaluation.

8. Approach/Methodology:

The specific methodology to be employed will be developed through the performance and review of project NHLBI 80-301. However, it is expected that the approach might encompass analyses of both organizational processes and of research outcomes of the program. Examples of possible measures are the number and subject matter of publications, number of collaborative efforts (interdisciplinary and inter-Center), and backgrounds of investigators. Data might be collected through the use of site visits, phone interviews, expert review groups, and existing documents (e.g., interrelationship between basic and clinical projects, relevance of subject matter to areas of interest as expressed in SCOR grant RFA announcements), and analysis of core facility usage.

Because the scope of this project will depend on the results of the pilot evaluation, it is difficult at this point to specify the level of effort that will be required. There are currently 46 SCOR Centers in nine areas funded by NHLBI, and it is expected that a single SCOR area will be examined in the pilot study. While the full-scale evaluation will not necessarily encompass every individual Center, considerably more effort will be required than in the pilot study in order to meaningfully assess the overall program. Based on these considerations it is estimated that the project will require approximately two years at a level of effort of three to six person-years.

9. Primary Intended Users: B

10. Application and Utilization of Findings:

This project results will be disseminated to all planning and evaluation offices at NIH and, it is expected, through one or more presentations at meetings. The Institute's advisory groups would be made especially aware of the results.

11. Date Project Description Prepared: May 1980

12. Execution:

a. September 1, 1982 - August 31, 1984

b. It is expected that a contract will be let to provide consultant expertise which is not available in the permanent staff.

13. Project Monitor/Contact:

Jay Moskowitz, Ph.D.
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14. Individual Requesting Project:

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(301) 496-6331

15. Coordination:

a. The OD staff of NIH and staff from Institutes with Center programs will be consulted during the project since the issue involved is of significance to several Institutes.

b. No other agency has been contacted concerning the project and no such review is anticipated.

c. Technical review will be under the direction of OPPE as well as a representative from OD, NIH.

16. Information Collection Burden:

This is not definable at the present time, although no such burden is expected.

NHLBI 82-301

1. Project Title: Evaluation of the Impact of NHLBI-CDC Lipid Standardization Programs.

2. NIH Evaluation Project Number: NHLBI 82-301

3. Agency Proposing: NIH/NHLBI

4. This project has been withdrawn.

NHLBI 82-302

1. Project Title: Evaluation of the Impact of the Coronary Primary Prevention Trial and Multiple Risk Factor Intervention Trial: Baseline Measurements of Practice Before Release of Clinical Trial Results.

2. NIH Evaluation Project Number: NHLBI 82-302

3. Agency Proposing: NIH/NHLBI

4. Cost and Funding Source:

FY 82	300,000
FY 83	50,000

5. Programs Evaluated: NHLBI, Clinical Trials

6. Purpose: This evaluation will provide baseline data to enable the Institute to determine the impact of two large clinical trials on clinical practice. The results of this survey will be compared with the results of a future survey conducted after the clinical trial results have been released. This baseline survey conducted before the results of the clinical trials are released will also provide data to enable the Institute to determine the most effective ways to disseminate the results of the programs to practicing physicians and other health professionals.

   In addition, the proposed evaluation will provide data on sources of information that influence clinical practice with respect to coronary heart disease (CHD) risk factors, including cholesterol, lipoproteins, blood pressure, and smoking, and the minimum risk factor levels or cutpoints used by physicians in initiating disease prevention regimens. The survey will also assess the status of physician knowledge with respect to the impact of these risk factors on morbidity and mortality. These data will help NHLBI determine the most effective way to disseminate results of the programs to the practicing physicians and health providers.

7. Related Work: Several evaluation projects are underway or proposed that relate to this project. First, the evaluation of the impact of two completed clinical trials on practice is underway in NIH 78-5. That project is performing a time-phased survey of physicians to assess change in practice as a result of the Aspirin Myocardial Infarction Study (AMIS) and the Coronary Drug Project (CDP). The results of this study (expected within six months) will be a determinant of the design of this proposed study.

   Secondly, NHLBI 82-306 proposes a physician and other health provider survey of practice related to blood pressure control. The design for this latter project will be based in part in an FDA survey performed in 1978, which was the first major study of physician practice with respect to blood pressure control.

No other work in the agency is underway or contemplated that would obviate the need for this proposed project.

8. Approach/Methodology: The project will support a survey of physicians in communities both with and without Coronary Primary Prevention Trial (CPPT) and Multiple Risk Factor Intervention Trial (MRFIT) clinics. The sample would be restricted to physicians in internal medicine, cardiology, general medicine, pediatrics, and family practice as well as selected categories of non-physician health professionals. The following categories of data will be collected:

a) Descriptive characteristics of the respondents and their practices.

b) The current status of practice with respect to the assessment, identification, treatment, and management of coronary heart disease and stroke, and their risk factors, including cholesterol, lipoproteins, blood pressure, and smoking.

c) Sources of information that physicians believe influence their attitudes, beliefs, and practice regarding the causes of coronary heart disease and stroke.

d) Sources of information that help the physician and other health professionals educate patients with regard to compliance to diet, medication, exercise, and cessation of smoking regimens.

e) Health beliefs and practice from a sample of persons who participated in the population survey preceeding the Coronary Primary Prevention Trial in order to evaluate the impact of participation in that survey on health beliefs. The impact will be derived by comparing the data collected with data from existing existing NCHS national health surveys such as the Health and Nutrition Examination Study (HANES).

The results from the surveys will be reviewed by Institute staff in collaboration with consultants expert in health information communication to determine appropriate communication channels and presentation modes for the results of the two clinical trials. The results of the survey will also serve as a baseline for assessing change in provider practice after the dissemination of the results of the clinical trials.

9. Primary Intended Users: The evaluation will provide information to program managers and policy-makers regarding the most effective ways to disseminate results of both the LRC prevalence study and clinical trial to the public and to the medical community.

10. Application and Utilization of Findings: The LRC CPPT and MRFIT clinical trials will cost over $200 million dollars to complete.

They will provide critical data on (1) the value of reducing cholesterol levels in otherwise healthy hypercholesterolemic males and (2) the value of reducing several risk factors simultaneously in high-risk males. This survey will help the program managers better define the current state of knowledge and needs of the professionals to best use this information. With such knowledge the NHLBI will be better able to devise effectve programs to disseminate the final study results to the medical community.

11. Date Project Description Proposed: May 1981

12. Execution:

This project will be administered by the Office of Program Planning and Evaluation. The survey component of the project will be contracted to an outside firm; other portions of the project are expected to be carried out primarily by staff with assistance from various outside contractors.

13. Project Monitor/Contact:

Ronald Goor, Ph.D.
NHLBI
Federal Building Room 401
Bethesda, Maryland
(301) 496-1681

14. Individual Requesting Project: Edward J. Sondik

5. Coordination:

The project will be coordinated by a steering committee consisting of NHLBI staff and outside survey and health education consultants. In addition, it will be coordinated with NHLBI 82-306, the second phase of the evaluation of the Hypertension Detection and Followup Program.

16. Information Collection Burden:

Not yet determined.

NHLBI 82-303

1. Project Title: Interim Survey and Qualitative Research on Public Knowledge, Attitudes, and Behavior Regarding High Blood Pressure

2. NIH Evaluation Project Number: NHLBI 82-303

3. Agency Proposing: National Heart, Lung, and Blood Institute:

4. Cost and Funding Source:

   FY 82 $50,000

5. Program Evaluated: National Heart, Lung, and Blood Institute: Hypertension Education.

6. Purpose:

This project has several purposes, all aimed at a continuing evaluation of the progress of the National High Blood Pressure Education Program (NHBPEP) in dispelling misconceptions about high blood pressure, stressing the benefits of proper therapy, and enlisting the support and involvement of family and friends:

1. To assess changes in public knowledge, attitudes, and behavior since national data were gathered in 1979 under NHLBI 79-301; and to assess the extent to which NHBPEP public information and education efforts are achieving their desired effects, specifically in dispelling misconceptions about high blood pressure, stressing the benefits of proper therapy, and enlisting the support and involvement of family and friends;

2. To interpret the quantitative results of this national survey through focus group interviews with hypertensives and their family members; and

3. To provide direction for replanning NHBPEP mass media messages and materials.

7. Related Work:

No related surveys or information collection activities are currently planned for 1982. Earlier, NHLBI sponsored two large-scale national surveys in 1973 and 1979, and other organizations have conducted related surveys (e.g., 1974 H.I.S. Hypertension Supplement, 1978 Health Maintenance Survey). This proposed 1982 survey will build on NHLBI and other research by using the same questions to permit trend analyses, to assist the program in tracking progress toward its objectives.

The results of this survey, which will be limited to questions in certain key program areas, will provide useful information for measuring progress and for identifying educational priorities that must be met in future efforts.

8. Approach/Methodology:

A. National Survey on Public Knowledge, Attitudes, and Behavior

This survey will consist of in-home personal interviews with a national, representative sample of about 1900 respondents. High blood pressure questions will be part of a larger public opinion survey, conducted by a major national public opinion research firm. These "Omnibus" surveys are shared by several clients, thus reducing the cost for each question purchased. Surveys are conducted biweekly, enabling relatively short turnaround time for data collection and analysis.

Both closed and open-ended questions will be asked. The majority of questions will be closed because they are less expensive and because previous surveys have identified typical responses. Questions related to public misconceptions about high blood pressure (e.g., cure vs. control, symptoms of high blood pressure, and tension as contributing factor), awareness of NHBPEP messages, screening questions to identify aware hypertensives, and questions about treatment regimens/compliance will be asked. These questions will be identical to those asked in previous national surveys to allow for comparisons.

The sample will consist of about 1300 non/unaware hypertensives and a representative sample of aware hypertensives. The 600 aware hypertensives will be gathered over the course of three to four survey waves. The data will be tabulated by race, sex, age, region, income, occupation, education, and hypertension awareness status.

This approach to gathering nationally representative samples of hypertensives and non-hypertensives was chosen because it is cost-efficient and utilizes questions and methodology comparable to previous research. No blood pressures will be taken.

B. Qualitative Research

The second part of the project will consist of eight focused group interviews, with 8 to 10 respondents per group. Four groups will be conducted in each of two cities. The technique involves conducting a group interview or discussion session in which an experienced moderator elicits respondents' feelings and perceptions about high blood pressure. Using a discussion outline, the moderator keeps the discussion on track while allowing responses to be free and spontaneous. As new topics related to the discussion outline emerge, the moderator probes to gain useful insights. A major advantage of focused group interviews is that the results of group interaction can provide greater stimulation and direction than possible with any individual respondent. The group interviews will probe attitudes and behaviors of hypertensives and their family members.

Each session will last about 90 minutes and will be tape recorded to allow for analysis and report.

9. Primary Intended Users: The evaluation is intended to meet the information needs of the program managers and policy-makers responsible for the program being evaluated in order to improve the efficiency/effectiveness of that program.

10. Application and Utilization of Findings:

The 1982 data will be compared with data from the 1979 and 1973 surveys to asssess progress. Reports summarizing these results will be disseminated to all public and private sector agencies involved in high blood pressure control through NHBPEP communication and information vehicles. In addition, articles will be prepared for professional journals in order to reach a large health professional audience.

The research results will be used to reformulate the NHBPEP communication and education strategies for reaching public and patient audiences. These strategies, organized into tightly written statements, guide the direction of all NHBPEP messages and materials. They will be updated and reworked to reflect the data from the 1982 survey. The focused group interviews, which allow for spontaneous and free flowing discussion of high blood pressure, will be useful both for interpreting the quantitative survey data and for gathering target audience language and vernacular in describing high blood pressure.

11. Date Project Description Prepared: March. 1981.

12. Execution: The project will be administered by the National Heart, Lung, and Blood Institute, Office of Prevention, Education, and Control, Health Education Branch, National High Blood Pressure Education Program, with contractor support.

This project cannot be done in-house because it requires setting up operations and staff throughout the United States which are not feasible nor economical to establish in-house.

Start date: November, 1981
End date: June, 1982
Phase I: Develop questionnaire
Secure OBP clearance
Pretest questionnaire
Secure OMB clearance
Conduct field work
Tabulate data

Phase II: Analyze 1982 data
Perform trend analysis
Write report summarizing data

Phase III: Develop moderator's guideline for focus group interviews
Recruit respondents through marketing research recruiter
Conduct eight (8) focus group interviews
Analyze audio tapes
Prepare summary report
Compile recommendations for future NHBPEP information/ education efforts

Phase IV: Prepare information article for dissemination to NHBPEP constituents
Prepare article for health professional journal on the latest findings and their implications

The end products will include a final report on survey results and trend data analysis; audio tapes of focus group interviews; recommendations for future NHBPEP efforts; short articles on research results for use in NHBPEP information vehicles; and a journal article for placement in a health professional journal with broad readership.

13. Project Monitor/Contact:

Graham W. Ward, M.P.H., Chief
Health Education Branch
Office of Prevention, Education, and Control
National Heart, Lung, and Blood Institute
Building 31, Room 4A24
Bethesda, Maryland 20205
496-1051

14. Individual Requesting Project: Graham W. Ward

15. Coordination: No direct coordination with other Federal agencies is anticipated.

16. Information Collection Burden:

OMB Forms and Numbers - NYD
Purpose - evaluate progress in hypertension education
Respondent type - general public
Whether voluntary - voluntary
Number of respondents - 1,900
Average hours - 0.25
Total hours - 475
Frequency of response - once
Start/End dates - 3/82-4/82

NHLBI 82-304

1. Project Title: Evaluation of Primary Reference Material Program

The project will assess improvements in current laboratory practices for characterizing physicochemical and biological properties of biomaterials as a result of the availability and use of the products of the NHLBI primary reference materials program.

2. NIH Evaluation Project Number: NHLBI 82-304

3. Agency Proposing: NIH-NHLBI

4. Cost and Funding Source:

FY 82	$40,000
FY 83	$30,000
FY 84	$40,000

5. Program Evaluated: PHS-NIH Biomedical Research-Institute Specific-Heart, Lung, and Blood

6. Purpose: In 1978, NHLBI convened two working groups to develop Guidelines on Blood Material Interactions and Guidelines for Physicochemical Characterization of Biomaterials. These guidelines were published in 1980 and have been widely disseminated throughout the U.S. and overseas. The guidelines deal with materials research as it relates to cardiovascular device development and fabrication and emphasize the need for carefully controlled and monitored experimental conditions and for standardization and calibration of experimental techniques,using well-characterized reference materials. NHLBI is now preparing and distributing the requisite primary reference materials. The purpose of this project is to evaluate the impact of these materials on research practices.

In the conduct of its Primary Reference Materials Program an ad hoc group on non-Government scientists is advising NHLBI on procedures for advertising and distributing the primary reference materials. The materials involved include polyethylene, a type of silicon, and teflon. The total cost of the program is $996,000. Recipients of the materials will be asked to report their experimental results to the Institute. These laboratory test data will be analyzed by peer reviewers and the Institute to determine the reproducibility of results from laboratory to laboratory and to identify the most common test procedures for characterizing materials and describing blood material interactions.

The proposed evaluation project would identify the current practices regarding materials for control experiments, identify the frequency of use of primary reference materials and possible deterrents to their use, compile the opinions of principal investigators on the usefulness of these materials, and identify the frequency with which results with the materials are reported in the literature. These tasks are not now being pursued.

7. Related Work: No work related to this evaluation project is underway or expected.

8. Approach/Methodology: A sample of approximately 100 principal investigators, researchers, and engineers active in biomaterials research would be queried three times, at program initiation and annually thereafter. Initially, the project would identify the current practices to establish baseline information regarding current experimental procedures. The information sought would include the material used as a routine control; the types of experimental methods employed to characterize that material; and an assessment of the ease or difficulty of using these methods to compare results with those from other laboratories. Subsequently, the same sample would be requested to identify any changes in their laboratory or testing practices since the introduction of the primary reference materials. Among changes envisioned are the introduction of routine controls or a change in the type of control; changes in characterization methods; and the substance of results to the literature. In the final year of the project, a literature survey and interviews with the editorial reviewers will also be performed to determine the frequency of reporting information obtained with materials.

   Currently, NHLBI contracts support the preparation, initial characterization, and distribution of these primary reference materials at no charge to the recipients. For future planning, it will be important for the survey to determine the frequency of delivery and frequency of actual use of these materials and the potential frequency of use if they were purchased. In addition, the distribution to and utilization by NHLBI grantees and contractors will be compared to that for other investigators. Any deterrents to using the primary reference materials will also be assessed (e.g., limited availability, inappropriate configuration, unsuitable material). The evaluation project will establish the database to determine the future need for primary reference materials of the same polymers and of other polymers and the potential impact of commercial production. This type of information will then be used by NHLBI advisors to make recommendations regarding the need for continuing this type of contract activity and its impact on the quality of science supported by NHLBI.

9. Primary Intended Users: (b) The program manager, the manager's supervisors, the ad hoc group of scientific program advisors, and the NHLBI Cardiology Advisory Committee will use the results of this evaluation to determine the need for NHLBI to continue to supply these or other primary reference materials to the biomaterials community.

10. Application and Utilization of Findings: The Institute and its Advisory Committees will use the results of this evaluation to determine the need for continuation of this program. The current contract program to prepare and distribute the primary reference materials costs $996,000 for three years; there are no charges to

the recipients. These contracts are now in their second year, and production and distribution of materials is just now beginning. When the contracts expire and distribution is completed, the Institute will be faced with the decision to continue the program, to provide additional types of materials under a new continuation program, or to discontinue activities in this area; the latter would require investigative laboratories to purchase reference materials from other government or commercial sources.

11. Date Project Description Prepared: May 1, 1981.

12. Execution: The project would be performed under contract.

Phase I: Design
Questionnaire development
OMB clearance

Phase II: Conduct
Annual survey with interim analysis

Phase III: Summary
Analysis

Administrating Agency: NIH-NHLBI
Start Date: October 1, 1981
Completion Date: September 30, 1984
End Product: Report to NHLBI

13. Project Monitor/Contact:

Frances A. Pitlick, Ph.D.
NHLBI - Devices and Technology Branch
Federal Building, Room 312
7550 Wisconsin Avenue
Bethesda, MD 20205
(301) 496-1586

14. Individual Requesting Project: Frances A. Pitlick, Ph.D.

15. Coordination: No direct coordination with other Federal agencies is anticipated.

16. Information Collection Burden:

OMB Forms and Numbers - NYD
Purpose - Evaluate program performance
Respondent type - researchers
Whether voluntary - voluntary
Number of respondents - 100
Average hours - 0.50
Total hours - 50
Frequency of response - 3 times
Start/End dates - 3/82-4/84

NHLBI 82-305

1. Project Title: Impact of the MRFIT Nutrition Education Program on Long-Term Dietary Habit Change as Measured by Changes in Fatty Acid Content of Blood Lipids, and on the Nutritional Status of Persons Adhering

   This project has two purposes: First to compare, evaluate, and validate (using biochemical methods) the various measurements of long-term dietary adherence developed within the Multiple Risk Factor Intervention Trial (MRFIT) in order to evaluate the validity of the nutritional findings in the present (and future) dietary trials; and, secondly, to assess the nutritional status of participants in three identified MRFIT dietary adherence subgroups. This evaluation is relevant to the NIH role in the formulation and justification of future public policy recommendations regarding American dietary patterns and goals for the 1980s.

2. NIH Evaluation Project Number: NHLBI 82-305

3. Agency Proposing: NIH/NHLBI/DHVD/Preventive Cardiology Branch

4. Cost and Funding Source:

   a. Source: Set-Aside Funds
   b. N/A
   c. FY '82 $100,000 (The project is proposed to begin as soon as
      FY '83 50,000 approval is received.)
      150,000
   d. The project will consist of four major phases:

      Phase 1. Developmental Phase

      a. Development of protocol and methodology for data collection in the field (blood collection methodology; labeling and shipping procedures; quality control standardization). In addition to laboratory data collection, the dietary history already in use will undergo more precise analysis.

      b. Sample-size determinations - Trial statisticians have determined these based on evaluation objectives and known precision of the biochemical methods.

      c. Development of protocol and methodologies for lipid laboratory biochemical analysis; adaptation of already-developed (HANES) protocol and methodologies for nutritional status determinations; standardization of methodologies with definition of laboratory quality control procedures.

         Development of methodologies and quality control procedures for "new" (not presently established) assessment parameters (if any).

d. Development of format of final tabulations.

Phase 2. Training and Pretest Phase - A brief pretest of protocols, methods, forms, shipping procedures, and laboratory methods.

Phase 3. Specimen and Data Collection/Laboratory Analysis Phase

Phase 4. Data Analysis/Evaluation and Dissemination of Results Phase

Phase 1 - Planning can proceed as soon as approval is received; preliminary sample-size calculations have been completed. The nutrition laboratory protocols can proceed along with the HANES II development in late 1981.

Phase 2 - Two months (spring 1981).

Phase 3 - Eight months (July 1981-February 1982).

Phase 4 - Six months (March-September 1982).

5. Program Evaluated: The long-term success of a nutrition education program, which is an integral part of the MRFIT intervention, is to be evaluated by comparison of the trial's dietary regimen adherence measurements with biochemical measurements of adherence. In addition, the long-term nutritional adequacy of the nutrition education programs, which are integral parts of the MRFIT, will also be evaluated in order to evaluate realistically the nutritional soundness of the dietary patterns of participants by levels of adherence.

6. Purpose: The purpose of this project is to address two major issues resulting from MRFIT clinical trial. The first issue relates to the validity of the methodology used to measure diet compliance, while the second issue addresses the impact of the trial regimens on nutritional status. The similarity of the trial diet to that generally advocated makes the second issue important to the overall NIH nutrition efforts.

Questions To Be Answered

1. Are present methodologies for assessment of dietary intake and dietary adherence valid when evaluated in relation to biochemical measurements of dietary lipid intake? What conclusions can be drawn relevant to recommendations for methodologies for future dietary assessment studies? This methodological study is important to the assessment of the MRFIT results.

2. Based on both periodic (annual) calculation of nutrient intake and also on biochemical assessment of nutritional status (at final examination cycle), does long-term adherence

to a prudent fat-controlled diet affect general nutritional adequacy of the dietary pattern? This and the next portion of the project relate both to MRFIT and the dietary regimens it has proposed and to the NIH nutrition efforts which are compatible with the MRFIT diet regimens.

3. What effect have the nutritional recommendations made by official groups (or by interested private groups) had on the blood lipid patterns of the MRFIT usual care (UC) group over the past six to eight years? (Since the trial's beginning, more emphasis has been placed nationally on the wisdom of adopting more healthful dietary patterns, culminating in the publication of Nutrition and Your Health: Dietary Guidelines for Americans (jointly sponsored by the USDA and the DHEW) in February 1980 (13).) Increasingly, the general public has been exposed to information, some of it conflicting, about prudent dietary lifestyles. The MRFIT UC group, which has been followed, but not instructed, furnishes an opportunity to evaluate the effectiveness of nutrition information given to the general public.

Expected Results

1. The MRFIT nutrition education program is well-established; no other single trial has ever taught and observed this large a group of free-living adults (more than 6000) for this length of time (six to eight years). The semi-objective and subjective assessments of dietary adherence which have been developed by the trial, once evaluated by biochemical methods, will provide a set of measurement tools applicable not only in future research studies, but also in general nutrition education programs in which a fat-controlled dietary pattern is recommended. Policy-makers at the Institute and Department levels will have valuable information which will be useful in assessing future nutrition education efforts such as those undertaken in promotion of national dietary goals.

2. Evaluation of the overall nutritional status of individuals who have adhered to these dietary patterns over a period of years will provide Institute and Department-level policy makers with concrete information on the nutritional adequacy of both the "prudent" fat-controlled dietary pattern (similar to the pattern recommended by the U.S. Senate Dietary Goals) and the low-animal-fat dietary pattern, which is gaining in popularity in some segments of the U.S. population.

3. One method for assessing dietary pattern change within the MRFIT protocol is the collection of one-day dietary intake recalls from participants at each annual visit. These are coded and processed at a Nutrition Coding Center (NCC) especially established for NHLBI-sponsored investigations. The NHLBI

methodology not only features precise documentation of kinds and amounts of dietary fats consumed, but also computation of intakes of other important nutrients (e.g., protein, vitamins, minerals). The present evaluation will allow comparison of calculated nutrient intakes with biochemical nutritional assessments and thus will serve as a peripheral evaluation of the NHLBI nutrition data base.

Management Actions Likely

The results of this evaluation are likely to influence future national dietary recommendations and policies. Both the evaluation methodology and the results will be useful in interpreting the MRFIT results and in future dietary trials and surveys. In addition, results of present and future public nutrition education programs might be evaluated or (if indicated) revised, based on any impact observed in the MRFIT treatment groups.

7. Related Work:

Within NHLBI's Clinical Trials Branch, a companion evaluation project, "Evaluating Measures of Regimen Compliance in Long-Term Clinical Trials" (NHLBI 79-311), has been undertaken and is near completion. This project is seeking to determine the validity of various measurements of compliance to medication regimens - to aspirin or placebo in the Aspirin Myocardial Infarction Study (AMIS).

This present evaluation proposal is similar to NHLBI 79-311 in that one of its two major objectives is evaluation of regimen compliance (dietary) measures, principally in order that its other major objective, assessment of nutritional status of adherers and non-adherers, can be accomplished. Since there are many parallel objectives, development of this proposal has involved consultation with the Project Officer for NHLBI 79-311. In NHLBI 79-311, biochemical assessments of regimen compliance were validated by questionnaire and interview methods. The reverse situation exists in this evaluation of dietary adherence; existing MRFIT questionnaire and interview data are to be evaluated by biochemical analyses of blood lipid parameters.

This evaluation proposal will provide the following information not now available to the Department:

1. Biochemical data documenting the degree of long-term adherence to healthful lipid-lowering dietary regimens which can be expected in a free-living American population.

2. Biochemical data indicating the validity of MRFIT's semi-objective dietary adherence methodologies, thus establishing their usefulness in future nutritional assessment programs.

3. Biochemical data on the long-term nutritional consequences (if any) of adherence to the lipid-lowering dietary patterns. Actually, no adverse effects are anticipated. However, at the present time, there is little in the literature on the nutritional consequences of adherence either to "prudent" lipid-lowering dietary regimens or to semi-vegetarian diets.

8. Approach/Methodology:

a. Type of Study

This study will involve collection and biochemical analysis of blood (serum) from random samples selected from the three study subgroups in order to enhance the evaluation of lipid change, dietary adherence, and nutritional status parameters of the MRFIT.

b. Analytical Methods

It is proposed that the lipid biochemical analyses be performed by the Metabolic Biochemistry Branch of the DHHS/PHS CDC. The principal analysis to be performed is the analysis of fatty acids contained in serum cholesterol esters. Less than 5 ml. of whole blood (fasting) will be required for this particular study.

Nutritional status biochemical analyses will be performed by the Nutrition Laboratory of the DHHS/PHS CDC. The following determinations are to be performed on fasting blood serum samples collected from designated MRFIT participants during the course of their final annual protocol visit:

Analysis (Essentially the CDC test for nutritional adequacy)

Retinol-binding protein	Serum folates
Iron	Vitamin A
Iron-binding capacity	Vitamin C
% Transferrin saturation (calculated from iron and iron-binding capacity data)	Vitamin E
	Copper
	Zinc
	Magnesium

c. Population Description/Sample Size Determination

This evaluation protocol has been formulated by the Nutrition Data Analysis Task Force of the MRFIT Design and Analysis Committee, with input from the MRFIT Intervention Committee and in consultation with biochemists at the CDC and statisticians at the MRFIT Coordinating Center. The population subgroups with the MRFIT have been defined as indicated:

1. A random sample of participants from the UC group.

2. A stratified random sample of participants from the special intervention SI group who are following the MRFIT fat-controlled diet patterns, ranging on a continuum from the basic MRFIT dietary pattern through the PEP (semi-vegetarian) dietary pattern.

Based on CDC data (means, standard deviations, ranges) for the biochemical determinations, MRFIT statisticians have completed preliminary sample-size calculations to assure that statistical significance of differences between means can be detected (with a power of 0.9 with a=0.05). The following sampling plan is proposed:

A random sample of 100 UC participants.

A random sample of 200 SI participants.

d. Statistical Analysis

Analysis of adherence to the lipid-lowering dietary patterns will include statistical comparisons of subjective and semi-objective and objective measures of adherence over the six-to-eight-year period, with biochemical evaluation of fatty acids present in serum cholesterol esters at the final annual examination. Correlation and regression analyses will be performed, along with the usual statistical tests for significant differences between groups. Since the randomization scheme will stratify SI participants based on calculated dietary adherence (FRR) scores, it will be possible to evaluate results linearly over the entire spectrum of dietary adherence, from the PEP through all levels of adherence to the basic MRFIT pattern.

Analysis of nutritional adequacy parameters will be performed, evaluating these parameters by defined level of adherence and by dietary protocol (UC/SI). Correlation and regression analyses will be used.

e. Rationale for the Approach

The MRFIT study has developed a sophisticated long-term nutrition education program, together with subjective and objective methods for assessing dietary adherence. In order to evaluate both the education and the assessment programs critically, it is desirable to obtain biochemical data on blood lipid and nutritional status parameters at the close of the trial.

9. Primary Intended Users: "C"

This evaluation is intended to meet the information needs of a "wider audience" involved in a debate on a specific policy issue,

namely the issue of the establishment of national dietary goals. The intended audience includes Congressional committees, Department and Institute policy-makers, professional nutrition educators, those involved in nutrition surveys and methodology for surveys, and the public.

10. Application and Utilization of Findings:

See Section 6.

11. Date Project Description Prepared: April 1981

12. Execution:

a. Start and End Dates

It is anticipated that the principal funding will be by negotiating an interagency agreement with the Bureau of Laboratories. Clinical Chemistry Division of the DHHS/PHS Centers for Disease Control in Atlanta, Georgia. The work can be accomplished most smoothly by dovetailing the MRFIT laboratory analysis and the HANES Hispanic dietary survey; this latter survey is scheduled to begin in the fall of 1981. The MRFIT evaluation time schedule is built around these factors.

Date interagency agreement to be awarded: September 1, 1981
Estimated completion date: September 30, 1982

b. Justification for Using the Interagency Agreement

The Metabolic Biochemistry and the Nutrition Laboratories of CDC's Clinical Chemistry Division are uniquely suited to carry out these evaluations, since they have developed similar blood lipid determinations for other studies, and since similar nutritional biochemical analysis work is being performed for the ongoing HANES study. The CDC laboratories are naturally very cost-effective and maintain high standards for quality control.

13. Project Monitor/Contact:

Jeanne Tillotson, R.D.
Nutritionist, Preventive Cardiology Branch, DHVD, NHLBI, NIH
Federal Building, Room 6A08
Bethesda, Maryland 20205
(301) 496-3503

14. Individual Requesting Project/Contact and Responsible Office:

Jeanne Tillotson, R.D.
Nutritionist, Preventive Cardiology Branch, NHVD, NHLBI, NIH
Federal Building, Room 6A08
Bethesda, Maryland 20205

15. Coordination and Review:

a. Coordination with Other Agencies

This evaluation proposal has been developed after consultation with scientists of the Clinical Chemistry Division, CDC. Since this proposal would be of scientific interest, as well as mutually beneficial to their ongoing lipid survey work, we are assured of their interest in participating.

b. Other Agencies With Common Interests

This project has relevance to evaluation of dietary patterns of free-living volunteers participating in a long-term dietary modification study. It should be of interest to other sections of NHLBI (such as the Office of Prevention, Education, and Control, and the Etiology of Arteriosclerosis and Hypertension Programs within DHVD, especially the Lipid Metabolism Branch). Other agencies with somewhat similar interests include the Consumer and Food Economics, SEA, USDA; the Lipid Research Laboratories of the Clinical Chemistry Division, CDC; the Nutrition Division, BSA, CDC, as well as the Nutrition Statistics Branch of the National Center for Health Statistics. The evaluation data to be collected on the MRFIT cohort should help to answer questions of interest to these agencies. Preliminary advice has already been sought from CDC's Clinical Chemistry Division; they note that the project should be mutually beneficial. The other-mentioned agencies may be contacted for advice and informal review.

c. Plans for Technical Review

Technical review and approval has been received from the Clinical Applications and Prevention Advisory Committee (CAPAC/DHVD/NHLBI), with prior review and approval by the CAPAC Nutrition Working Group, as well as by the MRFIT Policy Advisory Board and its Data and Safety Monitoring Committee. It has received approval from the MRFIT Design and Analysis Committee, the MRFIT Intervention Committee, and the MRFIT Steering Committee. As the project progresses, it will continue to be under the surveillance of the MRFIT Steering Committee, the MRFIT Policy Advisory Board, and the CAPAC.

16. Information Collection Burden:

As part of an ongoing clinical trial no additional OMB clearance is necessary.

1. Project Title: Evaluation of the Impact of Hypertension Detection and Followup Program (Impact on Health Care Practitioners and Health Status of Consumers)

2. NIH Evaluation Project Number: NHLBI 82-306

3. Agency Proposing: National Heart, Lung, and Blood Institute

4. Cost and Funding Source:

FY 82	150,000
FY 83	150,000

5. Program Evaluated: NHLBI, Hypertension Clinical Trials (Hypertension Detection and Followup Program)

6. Purpose: This project is designed to measure changes in knowledge, attitudes, and practices of physicians, nurses, and pharmacists in delivering services to hypertensive patients, following the release of results from the Hypertension Detection and Followup (HDFP) clinical trial, and to identify the communication channels and specific media through which they were exposed to the findings. The project also supports analysis of trends in health status and health practice of hypertensive patients based on the ongoing data collection activities within the Federal Government. As noted in item 7, the specific design for this project is under development as a part of the evaluability assessment of the HDFP, evaluation project NHLBI 81-307.

7. Related Work: This project will continue and implement specific recommendations generated by evaluation project NHLBI 81-307, Evaluability Assessment of the HDFP. During the evaluability assessment, analysis is underway of data collected through ongoing surveys (such as HIS and HANES) on patient behavior in seeking and maintaining therapy for hypertension. In addition, special studies have been conducted by NHLBI on knowledge, attitudes, and behavior in 1973 and 1979, and are under analysis. Of particular importance will be the results of the NHLBI conference: Implications of the Hypertension Detection and Followup Program to be held in July 1981. One of the results of the conference will be a set of recommended actions on the continued evaluation of HDFP, particularly the tracking of changes in hypertension treatment and control. Also of importance is a 1978 FDA-sponsored survey of physician prescribing and treatment practices with respect to hypertension.

8. Approach/Methodology: Based on work to date on the evaluability assessment, it is expected that the project will consist of a survey of the users (and potential users) of the results of this study in the medical practice community, both physicians and other health care personnel. The users are primarily those who select patient care strategies for high blood pressure control. The sample will be drawn to represent this population throughout the United States. An earlier FDA survey performed in 1978 on physician practice with

respect to high blood pressure control will serve as a model and baseline for the proposed effort. The survey instrument will be designed to be compatible with the earlier survey and to assess exposure to media carrying information about the results and suggesting various policies and applications for practice settings. The study will attempt to address the impact of both the primary HDFP publications as well as reports drawing on the primary publications and other relevant studies and reports.

The survey will be augmented by analysis and findings from existing surveys and data collection efforts within the Federal Government: for measuring the knowledge, attitudes, and behaviors of health care consumers. Alternative strategies may be considered if they are identified at the July conference.

9. Primary Intended Users: The evaluation is intended to meet the information needs of the program managers and policy-makers responsible for the program being evaluated in order to improve the efficiency/effectiveness of that program.

10. Application and Utilization of Findings: The results will be used by NHLBI in its continued evaluation of the impact of its clinical trial program, and its management of the National High Blood Pressure Education Program. The results will indicate the extent to which practice has been modified, particularly as it relates to the adoption of the stepped-care hypertension treatment protocol. In addition, the information from the survey on the communication channels and media used by physicians will be extremely useful to the Institute in the dissemination of future information related to high blood pressure treatment results and the information from other clinical trials.

11. Date Project Description Prepared: May 1981

12. Execution: This project will be administered by the Office of Program Planning and Evaluation. The survey component of the project will be contracted to an outside firm; other portions of the project are expected to be carried out primarily by staff with assistance from various outside contractors. The specific phases of this project will be outlined in detail following the conference on the implications of the Hypertension Detection and Followup Program to be held in July, 1981.

13. Project Monitor/Contract: David McCallum, Ph.D.

14. Individual Requesting Project: David McCallum, Ph.D.

15. Coordination: An Institute steering committee has been organized to lead the evaluability assessment of HDFP, currently underway, and it will also coordinate this project. Coordination will be sought with efforts of the Food and Drug Administration as well as the National

Center for Health Statistics. In addition the High Blood Pressure Coordinating Committee and Interagency Technical Committee on Heart, Lung, and Blood Disease led by the Director, NHLBI will also be involved in the project to assure coordination among governmental, voluntary, and professional organizations involved in high blood pressure control.

16. Information Collection Burden: To be determined.

NHLBI 82-307

1. Project Title:

The Impact of Research Support Reduction on Large Grant-Supported Programs

2. NIH Evaluation Project Number: NHLBI 82-307

3. Agency Proposing: NIH - National Heart, Lung, and Blood Institute

4. Cost and Funding Source:

FY 81 - $ 80,000

5. Program Evaluated: NHLBI: Funding Policies

6. Purpose:

a. Short Term Evaluation

b. The recent decline in National Institute of Health funds has resulted in the withdrawal or threat of withdrawal of support from a number of large research programs. Some of these programs have been active for more than a decade, developing and transmitting new knowledge, applying it to patient care, and providing a training environment for health scientists. It is important for NHLBI and NIH to understand the effect of changes in funding on these programs and their institutional bases. This project will assess institutional response to funding change as well as the response of individual scientists to their choice of research directions. The project is important to the Institute and NIH as they continue to improve understanding of funding policies.

7. Related Work:

To the knowledge of NHLBI staff, no work of a similar nature is currently underway, although some overlap exists with various research center evaluations, particularly the NHLBI SCOR evaluability assessment, (NHLBI 81-301) currently under contract solicitation.

8. Approach/Methodology:

The study design will have several short phases: First, several previously funded large grant programs will be identified by staff. Of particular interest are such large grants as Specialized Centers of Research (SCORs) and program project grants, especially these that have over 5 years of funding. Next, the productivity of these grants will be documented through a review of progress reports stressing publications and through a citation analysis of the publications.

During the third phase, the investigators and staff who participated in the grants will be located and interviewed as to their current activities and sources of support, and the research center administrators will

be queried as to the institutional response to the change in funds. Emphasis will be on determining the likelihood that productive research will be able to continue.

A final report will outline the potential impacts on manpower and productivity resulting from loss of research support and suggest alternatives for maintaining high research productivity in a time of declining resources.

9. Primary Intended Users: B

10. Application and Utilization of Findings:

The findings will be used by the Institute in its role of fostering and supporting productive research. The results will be incorporated in information distributed to grantees and institutions to enable them to take appropriate steps to maintain productive programs.

11. Date Project Description Prepared: May 1981

12. Execution:

The project will be performed under contract. The contractor will be selected based on familiarity with the biomedical research process and evaluation capabilities.

13. Project Monitor/Contact:

John Dunbar
Chief, Hypertension Branch
DHVD

14. Individual Requesting Project:

John Dunbar

15. Coordination:

No direct coordination with other Federal agencies is anticipated.

16. Information Collection Burden:

Not yet determined.

NHLBI 82-308

1. Title: Evaluation of a Demonstration Program for Hypertension Control Using Community Health Centers (Phase II: Conduct of the Evaluation)

   Phase I of this project (underway) is developing an evaluation strategy to assess the impact and effectiveness of a demonstration program that will apply the results and methods of the Hypertension Detection and Followup Program (HDFP), a recently completed clinical trial, in community health centers serving minority populations. Funding is requested for Phase II, the conduct of the the evaluation. Phase III, the summary analysis, will be requested upon completion on Phase II.

2. NIH Evaluation Project Number: NHLBI 82-308

3. Agency Proposing: NIH/NHLBI

4. Cost and Funding Source:

   This project will use set aside funds.

[FY 81	37,000	(Phase I: funded under NHLBI 81-314)]
FY 82	200,000*	
FY 83	90,000*	
FY 84	75,000*	
FY 85	110,000*	

   * estimated evaluation costs

   DCRT charges, if any, cannot be estimated at this time.

5. Programs Evaluated: This activity will evaluate a demonstration program designed to test how effectively the results of a clinical trial, HDFP, supplemented with community involvement can be translated into a community setting. Knowledge validation is necessary before such a model program is disseminated; although scientifically sound, it may not be cost-effective if applied as in the clinical trial setting without modifications.

   This application requests funds for Phase II of the proposed three-phase evaluation of this demonstration program. The demonstration incorporates the findings of the Hypertension Detection and Follow-up Program (HDFP) and recommendations from the Black Health Providers Task Force Report, which noted the need for this type of demonstration.

6. Purpose:

a. The purpose of this project is to evaluate a demonstration hypertension control program which may have application in other ambulatory care settings particulary those providing care to underserved black and other minority populations. The use of community health centers affords a unique opportunity to enhance the acceptance of the model (assuming it proves effective), since it is one of the major systems for providing primary health care in the United States today. The Community Health Centers Program funded by the Health Services Administration, serves a population sixty-seven percent black and twenty-three percent unemployed. More than half of these users have an annual income below $6,000. In addition, and of great significance to NHLBI, the demonstration will enable the Institute to track and participate in the translation of the HDFP clinical trial results to health care practice.

The currently funded Phase I of this project addresses the following questions related to study design and evaluation:

1) What is the appropriate design of study format and what kinds of sites should be selected?

2) What evaluation techniques and professional education should be part of such a demonstration?

3) What baseline data will be required to describe the community and clinical sites and practice at the demonstration sites?

b. The proposed demonstration seeks to determine how results of HDFP can be translated to Community Health Center Sites. Key factors in HDFP are believed to be:

1. Goal blood pressure;
2. Followup and increased provider-patient communication;
3. Systematic documentation and monitoring of care.

c. It is anticipated that this demonstration will identify how much of the stepped-care regimen (the experimental care regimen used in HDFP) can be implemented in an existing health care system, the community health centers. It is also an opportunity to demonstrate whether or not this approach is economically feasible in these centers. If it is, the study will provide the data and analysis to consider justification for developing such a program in other similar centers of the 872 community health centers funded by the Health Services Administration.

In addition, this demonstration is one of several steps to assure that the results of the recently completed NHLBI clinical trial, HDFP, are disseminated. It offers the research community an

opportunity to observe the findings of a controlled clinical trial implemented in a "real world" health care setting. The information gained from observing this demonstration will be utilized in NHLBI in developing future trial and program management decisions related to trial protocol results dissemination.

The demonstration will initially benefit the patients of the five centers used (see Approach). However, 3.6 million people are directly served through 872 centers of the community health centers program, so a positive outcome would impact a very large segment of the general population.

d. Management actions based on the evaluation of this demonstration will be twofold: first, it will appropriately change the programs undertaken at the demonstration site. Secondly, other health care organizations will be made aware of the findings and design of the program and may proceed accordingly with implementation of this blood pressure control program.

7. Related Work: This evaluation and the associated demonstration build directly on two activities of the NHLBI: The Hypertension Detection and Follow up Program and a Black Health Providers Task Force Report recommmendation which stresses the use of community and professional education, supportive of the HDFP protocol and approach. Other activities of NHLBI which are pertinent to this demonstration are:

1) Seven contracts to establish statewide coordination of high blood pressure coordination and control activities.

These seven States are developing a statewide high blood pressure control coordinating council or alternative mechanism; assessing the level of coordination prior to contract; obtaining baseline data on prevalence, patient awareness, and control status; implementing a plan to establish coordination to facilitate improved high blood pressure control; and maintaining an inventory of resources. Such a program will influence change at a State level and improve cost-effectiveness of control. The program is now being evaluated under evaluation project NHLBI 80-304.

2) Two pilot studies of high blood pressure control in communities with a high prevalence of hypertension.

These two studies seek to identify a practical model of high blood pressure control acceptable in communities with high prevalence. This program was designed to facilitate cooperation between existing resources, and to develop a commmunity approach to education, detection, treatment, and followup. These studies are in urban locations and are structured to facilitate coordination at a local level and complement the statewide studies.

3) Three pilot studies of high blood pressure control in rural communities with a high prevalence of hypertension.

These three studies are similar to those described in 2), but the problems of dispersed population, access to care, and perceptions of the disease are also addressed.

4) Community Control of Hypertension in Mississippi

This unsolicited grant is funded to demonstrate the health and cost effectiveness of a hypertension control and education effort in rural central Mississippi using the private practitioner as a focus. An extensive research protocol is designed to conduct evaluation and epidemiological investigation. It will primarily address the genetic and environmental aspects of hypertension.

This project offers a single view of care in a rural community using the private practitioner, with the research aspect as the critical activity. However, evaluation and education findings can be considered for transmittal to community health centers.

8. Approach/Methodology: This evaluation project is structured in three phases. The first phase, Planning, which has been approved and is underway, will design the demonstration and site criteria selection; develop a protocol for site selection; design a baseline chart audit protocol for clinical care of hypertensives; and develop and initiate the professional education activities.

The second phase, Conduct of the Evaluation, for which funding is being requested, will be a five-year effort to carry out the design with careful documentation of both clinical and community interventions. All activities will focus on 1) establishing goal blood pressure; 2) involving the community (the patient's family and those who live close to or work with him), and 3) continuing professional education. The last phase of the overall project, Summary Evaluation, will involve reassessment of the community, re-audit of clinical charts, and analysis of data and documentation.

9. Primary Intended Users: B

10. Application and Utilization of Findings: The outcome of this study will be distributed to 872 CHC's, as well as Congress, through reports and NHLBI/HSA testimony; scientists responsible for HDFP; interested hypertension control programs and organizations offering primary care services; and will be made available to others in the health care and research communities.

11. Date Project Description Prepared: May 1981

This project is the second phase of the project initiated with NHLBI 81-314, which requested funds for Phase I. This submission requests funds for Phase II.

12. Execution: Phase II will begin on August 1, 1981, with a short overlap with Phase I. Phase III is scheduled to begin on August 1, 1986.

13. Project Monitor/Contact:

Monitor	Contact
Gerald H. Payne, M.D. NIH Federal Bldg., Rm. 6A-14 7550 Wisconsin Avenue Bethesda, MD 20205 496-2465	Jacqelyn Admire, M.S.P.H. NIH 9000 Rockville Pike Bldg. 31, Rm. 4A-24 Bethesda, MD 20205 496-1051

14. Individual Requesting Project: Jacqelyn Admire

15. Coordination: This project is conducted jointly with Health Services Administration, Bureau of Community Health Services.

Review of the project will include both HSA and NHLBI. The Clinical Applications and Prevention Advisory Committee, DHVD/NHLBI, has reviewed and approved the concept plan. Concerns expressed during that review related to the need for rigorous monitoring to assure that the findings of the clinical trial are appropriately used and that the project continue for the specified period of time.

Continuing technical review of the project will be the responsibility of a joint steering committee comprising representatives of HSA and NHLBI, and non-Federal consultants.

16. Information Collection Burden: Project does not involve collection of identical data from 10 or more persons.

1. EDC ID No.: Project No.: NHLBI 77-4

2. Entry Dates: 3.Status: Complete

4. Project Title: Evaluation of the Sickle Cell Education

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NHLBI 7.Start/End Dates: 78-09, 81-06

8. Performer: Ebon Research Systems, 10108 Quinby Street, Silver Spring, MD

9. Agency Contact: Reid, Clarice; Building 31, Room 4A14, NIH
(301) 496-693

10. Cost: FY 78-$150

11. Fund Source: Evaluation 12.Mechanism: Contract

13. Project No.: NHLBI 77-4 14.Contract No.: NO1-HB-8-2935

15. NTIS No.: X-NYD 16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Institute Specific-Heart, Lung, and Blood

18. Evaluation Type: Program Impact

19. Descriptors: Black Americans, Statistical Data (Major Feature), Social Attitudes and Public Opinion, Biomedical Research

20. Abstract: The National Sickle Cell Disease Program was initiated in 1972 as a major collaborative effort to accelerate research in, and to improve diagnosis, education and treatment of sickle cell anemia. The National Heart, Lung, and Blood Institute within the National Institutes of Health (NIH) was named as the lead agency with responsibility for the coordination of the national program. The purpose of this project is to evaluate a major component of the National Program, the Sickle Cell Education Program. The Education Program was created to increase public awareness and understanding about sickle cell anemia and trait. Toward removing the misconceptions and improving public awareness of the problem the program has sponsored continuing education programs by centers and clinics and provided factual information material. The program is aimed at three target populations: those populations at risk, the medical community, and the general public. This project will evaluate the program's progress and strategies thus far, emphasizing the effectiveness of the program for each of the target populations; the project will also outline areas for future emphasis and develop baseline data on the target populations' awareness and behavior toward sickle cell disease. The final report from this project is now under review.

Project No.: NCI/NHLBI 77-5

1. EDC ID No.:

2. Entry Dates: 3.Status: Ongoing

4. Project Title: Health Education Message Testing System

5. Report Title: Various

6. Agency Sponsor: PHS-NIH-NCI-NHLBI 7.Start/End Dates: 77-09, 81-09

8. Performer: Porter, Novelli & Associates, Inc.; 3240 Prospect Street, N.W. Washington, D.C.

9. Agency Contact: Denniston, Robert; Bldg. 31, Room 4B39, NIH (301) 496-6792

10. Cost: FY 77-$35, FY 78-$0, FY 79-$66, FY 80-$66, FY 81-$66

11. Fund Source: Evaluation 12.Mechanism: Contract

13. Project No.: NCI/NHLBI 77-5 14.Contract No.: NO1-CO-7-5360

15. NTIS No.: X-NYD 16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Institute Specific-Heart, Lung, and Blood

18. Evaluation Type: Place Project or Technique

19. Descriptors: Heart Disease, Cancer, Preventive Health Care, Broadcast Technology

20. Abstract: This project, cosponsored by NHLBI, NCI, and OHIP, will evaluate health message testing systems. Such systems are not now widely used to pretest health messages before the final messages are produced. A refined system would be a cost-effective answer to pretesting health education messages and would provide a means for comparing the effect of different messages. NHLBI and NCI have, with assistance of a working group, taken the first steps to create a message testing system which would be useful both in pretesting Institute messages and those of related voluntary agencies. This project will select and refine a system, and over a one-year period test a variety of health messages to both provide the system and to establish a base line for comparison between messages. Messages for this initial testing period will be solicited from prospective users, both Government and non-Government. This test period will provide a demonstration of the methodology and a projection of user costs. Adoption of message pretesting would assure that the limited amount of media time available for health education would be allotted to the most effective messages. An additional two-year period will enable more extensive testing to be performed and a data base of health messages to be developed. In addition a test for print media is being added to the system.

1. EDC ID No.:

Project No.: NHLBI 78-5

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of Progress in Pediatric Pulmonary Disease

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NHLBI

7. Start/End Dates: 78-06, 82-10

8. Performer: X-NYD

9. Agency Contact: Hurd, Suzanne; Westwood Building, Room 6A15, NIH; (301) 496-7440

10. Cost: FY 79-$3, FY 80-$23, FY 81-$2, FY 82-$167

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NHLBI 78-5

14. Contract No.: X-NYD

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Institute Specific-Heart, Lung and Blood

18. Evaluation Type: Program Impact

19. Descriptors: Biomedical Research, Child Development

20. Abstract: The main goal of this project is to evaluate the progress made in the National Heart, Lung, and Blood Institute Pediatric Pulmonary Disease Program since enactment of the Heart, Blood Vessel, Lung, and Blood Act of 1972. The Institute Program in Pediatric Pulmonary Diseases seeks to prevent, if possible, and improve the prognosis for patients with cystic fibrosis, brochiolitis, and respiratory distress syndrome (RDS) and other pediatric pulmonary diseases. The main questions to be addressed under this project are as follows: (1) What progress has been made in pediatric pulmonary disease in meeting the goals outlined at the inception of the National Plan? (2) What directions or goals seem appropriate for future development? During the first phase of the evaluation a Steering Committee has arrived at consensus relative to the subcategories of diseases to be evaluated and the framework within which progress and needs were to be assessed. Descriptive and judgmental information of progress, barriers to progress, need, and opportunities has been obtained from a total of 38 investigators and practitioners in pediatric pulmonary diseases. In phase II, the summary of this information will be utilized to evaluate knowledge utilization and formulate potential directions for future research and development. It is anticipated that a contractor with expertise in medical evaluation will collaborate and interact with the Steering Committee during this last phase.

Project No.: NHLBI 78-6

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Blood and Hypertension Research Manpower Data Base

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NHLBI

7. Start/End Dates: 78-06, 81-08

8. Performer: X-NYD

9. Agency Contact: Harding, Fann; Federal Building, Room 514A, NIH; (301) 496-1817

10. Cost: FY 79-$58, FY 80-$60, FY 81-$5

11. Fund Source: Evaluation

12. Mechanism: In-House/DCRT

13. Project No.: NHLBI 78-6

14. Contract No.: X-NYD

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Institute Specific-Heart, Lung and Blood

18. Evaluation Type: Program Management or Efficiency/Program Impact

19. Descriptors: Biomedical Research, Health Manpower Training

20. Abstract: The goal of this project is to establish a data base to enable the Institute to measure the effectiveness of past training programs which have supplied research manpower and to develop future projections for research training requirements. The efforts will constitute a pilot project to determine the feasibility and usefulness of such data collection and analysis on an all-Institute basis. The methodology proposed has been pretested on a small number of hypertension and blood researchers. This project will expand the pretest methodology to encompass two fields, store the data in machine retrievable form and to develop automated analysis methods. The plan is to develop data over two fiscal years. The final phase of the project will evaluate the usefulness of the data base and the feasibility of expanding the effort to more research areas. The evaluation will be based on the program staff's assessment of the potential usefulness of the system. Data will be collected from a number of categories of researchers in hypertension, blood diseases, and resources. The data base and tracking information hopefully will permit NHLBI to: anticipate the research manpower available to respond to new initiatives reveal and quantify current gaps and shortages in research areas and, through comparison of the interests of the junior researchers, provide an indication of future gaps and shortages in an unperturbed system; assess the effectiveness of past training programs on Institute-research sponsored by the NHLBI; and project the future training needs of the NHLBI in these areas.

Project No.: NHLBI 78-7

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of the Impact of Adenine on Blood Banking

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NHLBI

7. Start/End Dates: 79-06, 82-06

8. Performer: JRB Associates, Silver Spring, MD

9. Agency Contact: Huitt, Robert; Federal Building, Room 5A12, NIH; (301) 496-1537

10. Cost: FY 79-$173, FY 80-$97, FY 81-$75, FY 82-$95

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NHLBI 78-7

14. Contract No.: NO1-HB-9-2911

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Institute Specific-Heart, Lung and Blood

18. Evaluation Type: Program Impact

19. Descriptors: Blood Bank, Biomedical Research

20. Abstract: A major change in blood banking procedures took place early in 1979 due to recent research on the extension of the storage period for red blood cells. This project will evaluate the results of that change. At the present time, the amount of blood which becomes outdated varies in different institutions from as little as 5% to as much as 50%. As a result of extensive research over the past 15 years, it has been found that the addition of adenine to blood cells for transfusion will permit the extension of the storage period from 21 to 35 days. Limited studies with computer models have suggested that this extension of the outdating period will result in more efficient use of blood, especially by hospitals with a low volume of transfusion. The overall project goal is to obtain a measure of the efficiency with which red blood cells are provided for medical use before and after the availability of adenine. In order to do this, the following goals are sought: a) to identify specific parameters of efficiency in the collection, distribution, and use of red blood cells; and b) to analyze these parameters so as to derive a quantitative, or semi-quantitative, assessment of the pre- and post-adenine efficiency of the blood establishment. The project is ongoing.

Project No.: NHLBI 79-302

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of Health Hazard Appraisal in Work Setting-Preventive Medicine Programs

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NHLBI

7. Start/End Dates: 79-09, 81-09

8. Performer: X-NYD

9. Agency Contact: Rocella, Edward; Building 31, Room 4A22, NIH; (301) 496-1051

10. Cost: FY 79-$150, FY 80-$158

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NHLBI 79-302

14. Contract No.: NO1-HO-9-2934

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Institute Specific-Heart, Lung and Blood

18. Evaluation Type: Place Project or Technique

19. Descriptors: Preventive Health Care, Heart Disease

20. Abstract: Health Hazard Appraisal (HHA) may be a useful technique and basis for preventive programs. This project is identifying and describing types of Health Hazard Appraisal programs used in industry and the extent to which HHA has impact on cardiovascular risk reduction. It will describe the industry approaches to document changes in work loss days, insurance premiums, and morbidity and mortality rates relating to HHA efforts as well as the cost of administering Health Hazard Appraisal programs.

The information to meet the above objectives will be obtained by survey. Data collection is underway and will be complete by August 1, 1981.

Project No.: NHLBI 79-304

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of Sickle Cell Counseling

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NHLBI

7. Start/End Dates: 81-09, 84-09

8. Performer: X-NYD

9. Agency Contact: Reid, Clarice; Federal Building, Room 504, NIH; (301) 496-6931

10. Cost: FY 81-$90, FY 82-$90

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NHLBI 79-304

14. Contract No.: NO1-HB-1-3006

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Institute Specific-Heart, Lung and Blood

18. Evaluation Type: Program Impact

19. Descriptors: Biomedical Research, Black Americans Social Attitudes and Public Opinion

20. Abstract: This project is to evaluate the effect of sickle cell counseling programs conducted as part of the National Sickle Cell Disease Program. The evaluation will focus on the psychosocial effects of counseling related to counselees' feelings, attitudes, and behavior.

The proposed two-year study will be prospective and longitudinal in design, relying on survey questionnaires, interviews, and structured observation methodology. The data will be collected from Federally funded Comprehensive Sickle Cell Centers and Screening and Education Clinics and will consist of three major types of information: (a) profile of Centers and Clinics counseling programs--e.g., methodology, training, etc.; (b) information related to the counselees' feelings, attitude, behavior prior to, immediately after, and one year following counseling; and (c) information related to the counselor--e.g., his/her orientation and expectations for counseling, attitudes and feelings about sickle cell trait and disease. The project is in the contract solicitation stage.

Project No.: NHLBI 79-309

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of Hyperlipoproteinemia Dietary Manual and Physician's Handbook

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NHLBI

7. Start/End Dates: 80-09, 82-02

8. Performer: Koba Associates, Washington, D.C.

9. Agency Contact: Ernst, Nancy; Building 31, Room 5A19, NIH; (301) 496-3621

10. Cost: FY 80-$90

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NHLBI 79-309

14. Contract No.: NO1-HO-0-2921

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Institute Specific-Heart, Lung and Blood

18. Evaluation Type: Program Impact

19. Descriptors: Heart Disease, Preventive Health Care

20. Abstract: Dietary intervention is the recommended initial treatment for hyperlipoproteinemia. In many cases, diet alone is sufficient to return lipids to normal levels. Even if drug therapy is necessary, diet should be continued since the effects of diet and drug are additive. In 1971 the NHLBI developed the booklets for Dietary Management of Hyperlipoproteinemia. This effort was undertaken to satisfy a need for practical and effective dietary guidelines that were specific for each of the five types of hyperlipoproteinemia. About 7 million of these booklets have now been duplicated in many local and regional hospital diet manuals and have been transcribed into several languages.

The NHLBI undertook this evaluation project to determine the population being reached by this NIH publication, whether the booklets sufficiently meet the needs of professionals and patients, and what revisions are needed to improve the booklets.

1. EDC ID No.: Project No.: NHLBI 79-310

2. Entry Dates: 3. Status: Ongoing

4. Project Title: Evaluation of the Pulmonary Academic Award Program

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NHLBI 7. Start/End Dates: 80-09, 81-08

8. Performer: Assoc. of American Medical Colleges, Washington, D.C.

9. Agency Contact: Hurd, Suzanne; Westwood Building, Room 6A15, NIH; (301) 496-7440

10. Cost: FY 80-$150

11. Fund Source: Evaluation 12. Mechanism: Contract

13. Project No.: NHLBI 79-310 14. Contract No.: NO1-HR-0-2907

15. NTIS No.: X-NYD 16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Institute Specific-Heart, Lung and Blood

18. Evaluation Type: Program Impact

19. Descriptors: Higher Education, Biomedical Research

20. Abstract: The goal of this project is to evaluate the Pulmonary Academic Award (PAA) Program, which was designed to improve the basic pulmonary curriculum in a medical school through curricula change and faculty educational development.

Fourteen medical schools that received Pulmonary Academic Awards are being compared with the 14 non-PAA Schools on the following parameters: (a) improvement in respiratory disease curricula for medical students, (b) increase in number of students who demonstrate an interest in respiratory diseases, (c) increase in number of students who choose academic careers in pulmonary medicine, (d) improvement in caliber of pulmonary faculty, and (e) increase in commitment of the grantee institution to sustaining an effective pulmonary program. Data on a variety of program variables (characteristics of the institution, the awardee, and the curricular development approach) are also being collected. These will be analyzed to determine what characteristics are associated with a "successful" Pulmonary Academic Award.

The work is being conducted through a contract to the Association of American Medical Colleges, which is scheduled to finish in August 1981. A final report will be available in the fall of 1981.

Project No.: NHLBI 79-311

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of Regimen Compliance

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NHLBI

7. Start/End Dates: 79-06, 81-12

8. Performer: University of Maryland, Dept. of Epidemiology and Preventive Medicine, 600 Wyndhurst Ave., Baltimore, MD 21210; Nancy Daub

9. Agency Contact: Mattson, Margaret; Federal Building, Room 216, NIH; (301) 496-4323

10. Cost: FY 79-$68, FY 80-$87, FY 81-$0, FY 82-$25

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NHLBI 79-311

14. Contract No.: NO1-HV-5-2901

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Institute Specific-Heart, Lung and Blood

18. Evaluation Type: Program Impact

19. Descriptors: Biomedical Research, Clinical Trials Feature

20. Abstract: This project will evaluate patient and staff compliance in two long-term clinical trials of medications to prevent recurrent heart attacks [the Aspirin Myocardial Infarction Study (AMIS) and Beta Blocker Heart Attack Trial (BHAT) trials.] The evaluation will focus on two facets of compliance: the extent to which patients are taking their medication as prescribed and the extent to which clinic staff are adhering to protocol in encouraging and measuring patient compliance.

The purpose of the project is to develop methods for determining the adequacy of the various measures of compliance used in the two trials (blood and urine tests, pill counts, patient representations, and staff assessments) and to apply these methods in evaluating compliance data routinely collected in the trials. Knowledge gained from the evaluation will be used to improve the management of the BHAT trial, the analysis of data from both trials, and the design of future studies.

Project No.: NHLBI 80-301

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Assessment of the SCOR Mechanism

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NHLBI

7. Start/End Dates: 81-07,82-06

8. Performer: X-NYD

9. Agency Contact: Moskowitz, J.; NIH, Building 31, Room 5A-03, Bethesda, Md.

10. Cost: FY 81-$130

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NHLBI 80-301

14. Contract No.: X-NYD

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Institute Specific-Heart, Lung, and Blood

18. Evaluation Type: Program Impact

19. Descriptors: Biomedical Research

20. Abstract: This project will address the important question of the effectiveness of the Specialized Centers of Research (SCOR) program mechanism. This mechanism, now under extensive use by NHLBI, was designed to provide an interdisciplinary research milieu to address research problems of national significance within the NHLBI purview. In order to efficiently allocate the Institute's limited resources, an assessment is needed of the extent to which the mechanism is effective in expediting the development and application of new knowledge in these research areas. As a step toward this assessment, the project will develop, and apply on a pilot basis, a methodology for the evaluation of the SCOR mechanism. The project will test the utility and feasibility of a full-scale evaluation and reach preliminary conclusions about the program. In so doing, it will be of significant importance to the Institute's future programming and its response to research needs.

Project No.: NHLBI 80-304

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of Statewide Hypertension Programs

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NHLBI

7. Start/End Dates: 80-06,82-06

8. Performer: X-NYD

9. Agency Contact: Sondik, Edward J.; NIH, Building 31, Room 5A-11

10. Cost: FY 80-$18, FY 81-$38, FY 82-$124

11. Fund Source: Evaluation

12. Mechanism: Contract/In-house

13. Project No.: NHLBI 80-304

14. Contract No.: X-NYD

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Institute Specific-Heart, Lung and Blood

18. Evaluation Type: Program Impact

19. Descriptors: Heart Disease, Program Coordinator

20. Abstract: The Hypertension Statewide Coordination Program was initiated in part through a Congressional mandate to demonstrate whether coordination of the state activities related to hypertension detection and control can cause major changes in hypertension status as well as in morbidity and mortality of those diseases linked to elevated blood pressure. Since 1978 four States (Connecticut, Maryland, South Carolina, and California) have received funding from the Institute as part of this program, and three other States (Michigan, Georgia, and Maine) joined the program in 1980.

This project will perform an interim evaluation of the progress to date and develop a final evaluation plan for the five-year effort. In addition, the project will plan and coordinate the State evaluation activities in the program. It is important that an evaluation plan be developed at an early stage of the program so that data on blood pressure status as well as State program processes will be available for the final evaluation.

Project No.: NHLBI 80-305

1. EDC ID No.:

2. Entry Dates:

3. Status: Complete

4. Project Title: Evaluation of Compliance Improvement Program

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NHLBI

7. Start/End Dates: 79-12,80-11

8. Performer: In-house and Consultants

9. Agency Contact: Mattson, M.; Federal Bldg., Room 216, NIH (301) 496-4323

10. Cost: FY 80-$30

11. Fund Source: Evaluation

12. Mechanism: In house

13. Project No.: NHLBI 80-305

14. Contract No.: X-NYD

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Institute Specific-Heart, Lung and Blood

18. Evaluation Type: Place, Project, or Technique

19. Descriptors: Heart Disease, Compliance Behavior

20. Abstract: A weak link in the chain of hypertension control is the failure of patients to follow through on the health provider's recommendations for treatment. Recognizing this problem, the Institute sponsored a grant program to develop a better understanding of, and improved methods of achieving compliance. This project, utilizing a committee of expert scientists, is evaluating the results of the grants supported under the program and integrating these findings with other recent work on compliance. Recommendations will be made as to areas requiring increased research support and stimulation by the Institute. In addition, the project will develop recommendations for the National High Blood Pressure Education Program on actions to improve patient compliance.

Project No.: NHLBI 80-306

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of the Effect of High Blood Pressure Media Messages on Health Professionals

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NHLBI

7. Start/End Dates: 80-10,81-10

8. Performer: Damans & Associates

9. Agency Contact: Schreiber, G.; NHLBI, Building 31, Room 4A-18

10. Cost: FY 80-$28

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NHLBI 80-306

14. Contract No.: NO1-HO-0-2924

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Institute Specific-Heart, Lung and Blood

18. Evaluation Type: Place, Project, or Technique

19. Descriptors: Media, Evaluation and Technology, Heart Disease, Preventive Health Care

20. Abstract: Various health education and promotion efforts of the National High Blood Pressure Education Program are aimed at health professionals, patients, and the general public; the preponderance of effort has been devoted toward health professionals. Most attention regarding the variables that influence the attitudes and practice of health professionals has focused on profession-related influences (peer attitudes, professional journals, etc.).

The purpose of this project is to assess the reach of NHBPEP popular media messages on health professionals. Through the use of an interview survey, the project will address whether health professionals are reached by information in the mass media related to hypertension detection and control, as indicated by their recall of public service announcements, newspaper articles, and similar materials. The results of this project will better enable the Institute to assess the relative value of the investment in this communication channel and to achieve the greatest effect from the activities supported.

Project No.: NHLBI 80-307

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of Regional Training Workshops for Nutrition Counseling in Hyperlipidemia for Dietitians and Nutritionists

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NHLBI

7. Start/End Dates: 80-09,83-09

8. Performer: Development and Evaluation Association, Syracuse, N.Y.

9. Agency Contact: Farrand, M.; NIH, Federal Building, Bethesda, Md.

10. Cost: FY 80-$40, FY 81-$40, FY 82-$10

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NHLBI 80-307

14. Contract No.: NO1-HV-0-2923

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Institute Specific-Heart, Lung, and Blood

18. Evaluation Type: Place, Project, or Technique

19. Descriptors: Food and Nutrition, Heart Disease

20. Abstract: National programs for the prevention and treatment of cardiovascular disease include efforts to change food habits, and as these efforts increase, the need for nutrition personnel trained in this specialty will increase. In an effort to address this need, the Institute is sponsoring an experimental series of regional workshops aimed at improving and maintaining the nutrition knowledge and counseling skills of hyperlipidemia practicing nutritionists. The purpose of this project is to evaluate these workshops in order to determine whether they are effective as well as whether they can be effectively applied on a national basis without Institute assistance. The project will examine impacts on enrollees, the management of the workshops, and the cost. The project will assist the Institute in its resource allocation decision-making and in assessing the strengths and weaknesses of the workshops. In addition, if the knowledge and skills of enrollees increase as expected, the demand for these programs and for similar continuing education programs from other support sources should increase. Referral to nutrition counselors should also increase.

Project No.: NHLBI 80-308

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of the Sickle Cell Disease Health/Science Seminar

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NHLBI

7. Start/End Dates: 81-05,83-05

8. Performer: JWK International, Inc.

9. Agency Contact: Johnson, Katrina, NIH, Federal Building

10. Cost: FY 81-$63, FY 82-$55, FY 83-$47

11. Fund Source: Evaluation

12. Mechanism: Contract/DCRT

13. Project No.: NHLBI 80-308

14. Contract No.: NO1-HB-1-3002

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Institute Specific-Heart, Lung,and Blood

18. Evaluation Type: Place, Project,or Technique

19. Descriptors: Educational Techniques, Sickle Cell Disease

20. Abstract: An innovative NHLBI program in high school teacher education is underway to convey to science and biology teachers information on sickle cell disease. These teachers, in turn will pass this information on to the young people. This project will evaluate this effort in communicating the facts and in dispelling the myths about the disease. The project will evaluate whether the seminar processes (organization, content, planning, administration) are efficient, as well as whether the program is effective in conveying the information and what changes might improve it. Various techniques will be utilized, including interviews, questionnaires, and usage records. Assessments of knowledge gained by participants will be made by testing participants before and after seminar sessions. Students of seminar participants will be tested to assess the effectiveness of the seminar in supplying material useful in a classroom. The results of the project will be used by the Institute in this decision-making regarding continuation or expansion of the program or modification to make it more effective.

Project No.: NHLBI 80-309

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of DBDR Erythropoietin Program

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NHLBI

7. Start/End Dates: 80-05,81-09

8. Performer: Various Professional Services Contracts

9. Agency Contact: Ball, Anne; NIH, Federal Building, Bethesda, Md.

10. Cost: FY 80-$9, FY 81-($41)

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NHLBI 80-309

14. Contract No.: 263-79-C-0308

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Institute Specific-Heart, Lung and Blood

18. Evaluation Type: Program Impact

19. Descriptors: Biomedical Research

20. Abstract: Erythropoietin is a hormone that stimulates red cell production and is important to the Institute's blood diseases program. The objective of this project is to evaluate the Division's erythropoietin program with regard to procurement of urine, purification of the hormone, and distribution to the scientific community. The procurement and distribution program began in 1960 at the recommendation of the Hematology Study Section. It was expanded in 1976 at the recommendation of the DBDR Advisory Committee, when an RFP for procurement and an RFA for development of purification methods were issued. It is now appropriate that the existing system be reevaluated in light of current and future needs and the outcomes of the Institute-initiated program. A working group of expert consultants will examine existing program records and evaluate the current status of research. Surveys or site visits of current grantees, contractors, and recipients may also be necessary. The results will be used to set short- and long-term goals for the erythropoietin program and to develop strategies for achieving these goals. While the immediate benefits of the study will be to the Division and program manager, the long-term benefits will be to the scientific community and to patients afflicted with a number of red cell disorders. The final report is now under review.

Project No.: NHLBI 80-310

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Assessment of Reach and Frequency of High Blood Pressure Messages

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NHLBI

7. Start/End Dates: 81/03,84/03

8. Performer: X-NYD

9. Agency Contact: Morrison, William W.; NIH, Building 31, Room 4A18

10. Cost: FY 81-$0, FY 82-$102, FY 83-$54

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NHLBI 80-310

14. Contract No.: X-NYD

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Institute Specific-Heart, Lung, and Blood

18. Evaluation Type: Place, Project, or Technique

19. Descriptors: Media, Heart Disease

20. Abstract: The National High Blood Pressure Education Program utilizes a variety of mechanisms to increase public and professional awareness of the dangers of hypertension and ways of treating the problem. The electronic media are used extensively in the program. A key factor in the effectiveness of this approach is the extent to which the messages are aired. In order to evaluate this factor on a nationwide basis, this project will monitor on a periodic basis the airing of messages across the country. Data will be obtained from a commercial monitoring service.

The primary application of the results will be to guide NHBPEP planning and resource allocation for its television public service messages, in which the Institute has a high investment. The market-by-market analysis of monitoring data will be used to assess message placement strategies and to identify those markets in which the program needs to intensify efforts to place messages with stations. If the messages are not being used or are used during nonprime time, the program will be able to respond, for example, by changes in message style, or by direct discussions with program managers. In addition, audience reached and frequency of exposure to high blood pressure messages will be analyzed in relation to other program evaluation activities, especially Health Message Testing Service results and current data from surveys on high blood pressure awareness and behavior.

Project No.: NHLBI 80-311

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of Methodology to Aggregate Clinical Trial Results

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NHLBI

7. Start/End Dates: 80-05,81-09

8. Performer: X-NYD

9. Agency Contact: Sondik, Edward J.; NIH, Building 31, Room 5A-11

10. Cost: FY 80-$9

11. Fund Source: Evaluation

12. Mechanism: In house (DCRT)

13. Project No.: NHLBI 80-311

14. Contract No.: X-NYD

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Institute Specific-Heart, Lung and Blood

18. Evaluation Type: Place, Project or Technique

19. Descriptors: Clinical Trials

20. Abstract: In order for a clinical trial to be undertaken, a balance must be met between the uncertainty of the effects of the regimens under test, the potential impact of the clinical trial on health practice and on research, and the scientific information available to buttress the trial. To assess the state of information concerning a therapy's efficacy, it usually is necessary to aggregate the information from several small clinical trials. This project will test a methodology for evaluating the results of previous trials by combining these results patient by patient using multivariate techniques. Several small clinical trials on low-dose heparin, a promising therapy for preventing pulmonary embolism and deep vein thrombosis stemming from major surgery, will serve as a test for the methodology. The project will be of significance to the Institute in its knowledge validation program as well as to NIH in its consensus conferences. If the methodology proves successful, it will be useful in analyzing the results of trials and comparing them with other trials, and in developing the knowledge base for determining the need for a clinical trial. It could also be used prior to the analysis of clinical trial results by the consensus groups.

Project No.: NIAID/NHLBI 81-303

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of Educational Programs and Materials for Self-Management of Children with Asthma

5. Report Title: NYD

6. Agency Sponsor: PHS-NIH-NIAID/NHLBI

7. Start/End Dates: 81/06,83/09

8. Performer: In-house, Contractor NYD

9. Agency Contact: Dr. Robert Goldstein (NIAID), Westwood Bldg., Rm. 755
Dr. Sydney Parker (NHLBI), Westwood Bldg., Rm. 6A12

10. Cost: FY '82-$55, FY '83-$28

11. Fund Source: Institute, Evaluation

12. Mechanism: In-house, Contract

13. Project No.: NIAID/NHLBI 81-303

14. Contract No.: NYD

15. NTIS No.:

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-INSTITUTE Specific Allergy and Infectious Disease/Heart, Lung and Blood

18. Evaluation Type: Program Strategy

19. Descriptors: Educational Techniques, Health Care Techniques, Outreach and Referral, Children and Youth

20. Abstract: There is increasing recognition that children with asthma can learn to manage their asthmatic condition without heavy reliance on the health care system. Through educational programs designed to reach the child, parents, teachers, and siblings, it appears as if the incidence and frequency of asthma attacks can indeed be reduced along with the number of visits to the emergency room or the physician's office. Both the National Heart, Lung, and Blood Institute and the National Institute of Allergy and Infectious Diseases have been involved in the support of research programs which have resulted in the development of a number of approaches for teaching asthmatic children to manage their disease. Both Institutes feel that the progress of these development programs needs to be assessed in order to reevaluate the objectives for the program and to set future directions.

Phase I will include a workshop, which will bring together NIAID and NHLBI program staff, outside experts on the management of children with asthma, and experts in evaluation methodology. The workshop discussion will be focused on eight asthma self-management projects. Two major objectives of the workshop are: 1) the development of a group consensus on outcome measures for assessment of asthma self-management programs and 2) design of a preliminary approach for Phase II of the study.

Project No.: NHLBI 81-304

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of Behavioral Medicine Program

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NHLBI

7. Start/End Dates: 81/03,82/07

8. Performer: X-NYD

9. Agency Contact: Weiss, Stephen M.: Federal Bldg., Room 604, NIH: 301/496-9380

10. Cost: FY 81-$23, FY 82-$27

11. Fund Source: Evaluation

12. Mechanism: In house

13. Project No.: NHLBI 81-304

14. Contract No.: NA

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Institute Specific-National Heart, Lung, and Blood Institute

18. Evaluation Type: Program Performance Evaluation, Support

19. Descriptors: Heart Disease, Psychiatry and Psychology

20. Abstract: During the past decade behavioral medicine has evolved as a program activity cutting across many of the 20 national program areas of the National Health, Blood Vessel, Lung, and Blood Program. Preliminary evidence indicates that this relatively new NHLBI activity has had a major impact on the evaluation of behavioral medicine in the scientific community. The Behavioral Medicine Branch has sought to encourage researchers and clinicians interested in the cardiovascular system to consider biobehavioral factors and optimization of the preventive, diagnostic, therapeutic, and rehabilitative approaches to cardiovascular disease.

The purpose of this project is to evaluate three major program directions: the use of cardiovascular instrumentation in behavioral investigations of cardiovascular disease; the experimental designs employed in the research; and the integration of the results from neuroscience studies of the cardiovascular system.

These evaluations will be undertaken in conjunction with a concurrent nonset aside funded effort to define the current state of the art in the biobehavioral area. Each area will be addressed by a separate group of scientists representing various disciplines, who will define the current state of the science and outline progress over the past decade. A workshop will be used to facilitate the assessment.

Project No.: NHLBI 81-307

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluability Assessment of the Impact of the Hypertension Detection and Followup Program (HDFP)

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NHLBI

7. Start/End Dates: 81/02,82/10

8. Performer: Various Consultants and Staff

9. Agency Contact: McCallum, David B.; Bldg. 31, Rm. 5A03, NIH; 301/496-6331

10. Cost: FY 81-$30, FY 82-$90

11. Fund Source: Evaluation

12. Mechanism: In house

13. Project No.: NHLBI 81-307

14. Contract No.: NA

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Institute Specific-National Heart, Lung, and Blood

18. Evaluation Type: Program Impact

19. Descriptors: Clinical Trials Feature, Heart Disease, Statistical Data

20. Abstract: This project will assist the Institute in its efforts to evaluate the impacts of HDFP, a recently concluded clinical trial. The evaluation of the trial will mainly center on the potential impacts of the trial results on policy and on clinical practice as well as on the related areas of public knowledge of hypertension, and on the perception of the public and the various professional communities of the benefits of treating high blood pressure.

Several tasks will be conducted under the project, including (1) synthesis of data from various existing sources (NCHS, NHLBI Surveys, FDA surveys, private sources) to form a baseline of information from which to measure changes in practice, knowledge (professional and lay) and social impact (cost, insurance coverage, treatment settings, etc.); (2) expansion of the existing Institute system of tracking the dissemination of information on the clinical trial; (3) planning for and potential implementation of a system (or survey) to gather information from various targeted audiences on audience exposure to this information; (4) planning for future data collection of the change in knowledge and practice and coordination of these efforts with other data needs of the Institute and other agencies; (5) tracking of hypertension treatment policy changes in government and in the public sector related to the HDFP results.

Project No.: NHLBI 81-310

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Impact of Anti-Smoking Policies on Smoking Activities in the Federal Workplace

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NHLBI

7. Start/End Dates: 81-08, 83-02

8. Performer: Ebon Research Systems

9. Agency Contact: Roccella, Edward J.; Bldg. 31, Room 4A-24; NIH 301/496-1051

10. Cost: FY 81-$100

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NHLBI 81-310

14. Contract No.: NO1-HO-1-3005

15. NTIS No.:

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical-Institute Specific-Heart Lung and Blood Institute

18. Evaluation Type: Program Impact

19. Descriptors: Federal Role, Heart Disease, Survey or Questionnaire Feature

20. Abstract: Smoking is a major risk factor for heart disease and cancer and is a major cause of illness in our society. The anti-smoking campaign launched by HEW and private organizations has been vigorous. This project will examine the impact of Federal policies on both the antismoking activities and the level of smoking in the Federal workplace. The project is important not only for the assessment of the Federal policies but as a model to measure the impact of such policies in the private sector. The project will be implemented under the auspices of the NHLBI Interagency Technical Committee Working Group on Smoking and Heart, Lung, and Blood Disorders. This working group represents fourteen Federal agencies, and assists in the implementation of the National Heart, Blood Vessel, Lung, and Blood Program. NASA, OPM, and NIDA have expressed keen interest in this project, and their representatives will serve as the project's executive committee.

The study will use survey research techniques. Supervisors will be surveyed to obtain their attitudes, beliefs, and opinions regarding the anti-smoking policies. Workers will be surveyed in those organizations that have adopted anti-smoking policies, and will assess their attitudes, opinions, and beliefs regarding the anti-smoking policy as well as record their current smoking activities.

Project No.: NHLBI 81-313

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of the Framingham and other CHD Risk Models in a Large National Cohort

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NHLBI

7. Start/End Dates: 81/05, 82/04

8. Performer: National Center for Health Statistics, National Institute on Aging

9. Agency Contact: Leaverton, Paul; Federal Bldg., Room 26-08, NIH 301/496-2327

10. Cost: FY 81-$100

11. Fund Source: Evaluation

12. Mechanism: Interagency Agreement

13. Project No.: NHLBI 81-313

14. Contract No.: NA

15. NTIS No.:

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical-Institute Specific-National Heart Lung and Blood Institute

18. Evaluation Type: Research and Data Development

19. Descriptors: Statistical Data Feature, Heart Disease

20. Abstract: A substantial proportion of research efforts at NHLBI, since its inception, has been devoted to the delineation and quantification of risk factors for the development of coronary heart disease. The importance of Framingham and other longitudinal studies, most of which have been conducted with support from the Institute, in determining national health policy for the primary prevention or delayed onset of coronary heart disease are well known. The primary question addressed by this project is how applicable is the Framingham-derived model for predicting coronary heart disease to the U.S. population as a whole.

This evaluation project will be able to capitalize upon a followup study being organized and conducted by the National Center for Health Statistics (NCHS) in collaboration with the National Institute on Aging (NIA). The survey will attempt to locate and determine the health status of all 15,500 adults in the original Health and Nutrition Examination Survey (HANES) cohort conducted in 1971-74. This will provide an excellent opportunity to evaluate the utility of major predictive models (such as Framingham) of coronary heart disease in a large probability sample of the U.S. population in which serum cholesterol and other major variables were initially collected in a standardized manner.

Project No.: NHLBI 81-314

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of a Demonstration Program for Hypertension Control Using Community Health Centers: Phase I

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NHLBI

7. Start/End Dates: 81/04,82/09

8. Performer: Various Consultants

9. Agency Contact: Payne, Gerald, M.D., Federal Bldg., Room 6C08A 301/496-2465

10. Cost: FY 81-$37, FY 82-$63

11. Fund Source: Evaluation

12. Mechanism: In house

13. Project No.: NHLBI 81-314

14. Contract No.: NA

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Institute Specific-National Heart Lung and Blood Institute

18. Evaluation Type: Program Impact

19. Descriptors: Demonstration Project Heart Disease, Community Health Centers

20. Abstract: One of several steps in the dissemination of the results of the recently completed NHLBI clinical trial, the Hypertension Detection and Followup Program (HDFP), is a demonstration of a hypertension control program in a community health center setting. This evaluation project is the first phase of a three-phase project to evaluate the demonstration program. The project will involve the design of a format for the conduct of the demonstration, the design of an evaluation methodology, the selection of sites, and the collection of necessary baseline data. The implementation and evaluation of the demonstration will be performed in subsequent phases over a five-year period. The results of the evaluation are expected to identify how much of the clinical trial protocol can be implemented in an existing health care system, and whether the approach is economically feasible.

Project No.: NHLBI 81-315

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Feasibility Assessment of a Program to Measure Change in Causes of Death

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NHLBI

7. Start/End Dates: 81/08,82/02

8. Performer: Census Bureau, National Center for Health Statistics

9. Agency Contact: Rogot, Eugene; Federal Bldg., Room 2C-08, NIH 301/496-2327

10. Cost: FY 81-$10, FY 82-$104

11. Fund Source: Evaluation

12. Mechanism: Interagency Agreement

13. Project No.: NHLBI 81-315

14. Contract No.: NA

15. NTIS No.:

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical-Institute Specific-National Heart Lung and Blood Institute

18. Evaluation Type: Research and Data Development

19. Descriptors: Statistical Data Feature, Morbidity and Mortality, Heart Disease

20. Abstract: Mortality rates by cause and demographic status are major indicators of progress against disease. The NHLBI uses and depends heavily on such measures in assessing its programs. It is important that changes in mortality rates be based on accurate demographic information. This project will evaluate the feasibility of a measurement methodology based on the just-developed National Death Index and its use with Census Bureau data in furnishing basic mortality data for the United States.

The method of obtaining mortality data depends on a new epidemiologic tool--the National Death Index (NDI). To use the NDI we would match our Census file containing name, birthdate, sex, race, marital status, State of birth, and State and county of residence for each person in the cohort against the NDI,which will have the names and other identifying information for about 2 million decendents on tape each year. The possibility of missing deaths in the matching process because of processing errors (erroneous non-matches or match failures) exists and is believed to be much more likely than the opposite situation of counting a person dead who is in fact alive (erroneous match). Therefore, a feasibility study and pretest of the NDI used in matching against a Census file is needed. The basic questions to be answered in the feasibility study are first, whether deaths are seriously underestimated, and second, whether there is a significant bias due to matching on the basis of demographic information.

Project No.: NHLBI 81-316

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of Postdoctoral Research Training

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NHLBI

7. Start/End Dates: 81/04,82/09

8. Performer: Staff

9. Agency Contact: Sondik, Edward J. Ph.D., Bldg. 31, Room 5A11, NIH 301/496-3620

10. Cost: FY 82-$75

11. Fund Source: Evaluation

12. Mechanism: In-House

13. Project No.: NHLBI 81-316

14. Contract No.: NA

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Institute Specific-National Heart Lung and Blood Institute

18. Evaluation Type: Program Impact

19. Descriptors: Health Manpower Training, Biomedical Research

20. Abstract: This project is the first step in a longer range strategy for evaluating the NHLBI postdoctoral training programs. The longer range objective is to assess two aspects of the NHLBI postdoctoral training program, namely, the impact of NHLBI training on the currently active researcher pool, and the effect of NHLBI training on the careers of individual trainees. The immediate objectives are the selection and testing of methodologies.

The study will consist of two phases.

In Phase 1, Study Design, approximately 4 consultants will be brought to Bethesda, on occasions during a 6-month period. Methodologies will be selected for measuring success of scientists (5 to 10 years after NIH postdoctoral support), for estimating the proportion of NIH-supported research, and for describing the training background of NIH-supported scientists whose research training was not supported by NIH.

In Phase 2, Field Testing, the methodologies will be applied to NHLBI postdoctoral research training programs.

6

NATIONAL EYE INSTITUTE

Dr. Carl Kupfer, Director

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Proposed Budget

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NEI 80-306	Third Formal NEI Program Evaluation and Planning Process	60	60	--
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NEI 82-303	Evaluation of NEI Program Analysis System	--	75	50
	Total FY 82 Set-Aside Fund Request		$295	

NEI 82-301

1. Project Title: Design of an Information System For Use in Evaluating the Implementation of the NEI 1983-87 Program Plan. Included in this project will be NEI 80-401, "Tracking System for Implementation of Vision Research--A National Plan: 1978-1982," a project that was approved for in-house funding in the NEI FY 1980 Evaluation Plan and is now underway. This project will evaluate how well the plan's recommendations are carried out, first by analyzing and tracking grant applications to the NEI,and then by assessing the outcome of funded grants.

2. NIH Evaluation Project Number: NEI 82-301

3. Agency Proposing: NIH-NEI

4. Cost and Funding Source:

FY 81	--
FY 82	$100
FY 83	--

5. Program Evaluated: PHS-NIH-Biomedical Research-Activity-Program Management
PHS-NIH-Biomedical Research-Institute Specific-Eye

6. Purpose: (a) Full-scale evaluation. (b) This project will evaluate the implementation of the new national plan for vision research scheduled for publication in late 1981. Fundamental to any assessment of the effectiveness of this national research plan, which is aimed at directing NEI resources toward high priority areas of vision research, is the development of a system that shows not only pertinent information about potential grantees and what correspondence there is between the subject matter of their grant applications and the program priorities established by the new plan, but also how well such applications fare in the review and funding process and what relationship there may be between submission of applications in priority areas and the funding of these proposals. It will be useful as well for NEI management to have analytical data on applications and funded grants for research in areas not specifically identified as having high priority. This project will also evaluate whether the plan's recommendations are actually achieved by those research projects that are funded. This will be accomplished by analyses of progress reports, published papers, literature citations, and bibliometrics. Data resulting from this project will be useful to the staff and the National Advisory Eye Council in deciding what further action may be required to implement the plan's recommendations and should be helpful in preparing a future, updated national plan.

7. Related Work: Although the basic concepts of coding and computer storage and retrieval to be utilized in this project are standard and are already used by the NEI to track grant applications subsequent to the Council's 1977 national plan, the specific nature of the coding system to be developed and determination of the precise information and format to be generated by the computer system, the review of progress reports, citation analysis, and bibliometric studies make this a unique activity.

8. Approach/Methodology: The methodology to be employed includes the development of a practical and accurate coding system through which the content of grant applications can be analyzed and matched by knowledgeable in-house personnel with the priorities identified in NEI's national plan. In addition, pertinent data on the applicants themselves will be put into the system. Once this system has been developed, means will be found to incorporate other kinds of data pertaining to funded grants such as that obtained through review of progress reports, published papers, citation analysis, and bibliometric studies to provide a broader and more qualitative basis for determining how completely the national plan's recommendations are being fulfilled.

9. Primary Intended Users: (c) In addition to the Council and NEI program managers, the tracking system should provide data that can be made available to a wider audience, in particular, the scientific community and NIH and HHS officials. Evaluating the implementation of the NEI plan will carry forth the goals and objectives of the plan and demonstrate the credibility of that plan and the NEI's and its Council's commitment to fulfilling and updating it.

10. Application and Utilization of Findings: The data and analyses resulting from this system will be used as a basis for program relevance judgments by the Council and staff, periodic updating of the NEI's national plan, and future development of new comprehensive five-year and other program evaluations and plans. These data and analyses will be examined by senior members of the NEI staff and by the Council to determine not only what correspondence there is between grant applications and identified program priorities and how well such applications fare in the review and funding process,but also data concerning the potential investigators, for example, their ages, disciplines, history of experience with NEI/NIH grants and prior participation on NEI committees, and the comparison of the investigators' fields of interest prior and subsequent to the publication of the national plan. It will also be useful to the NEI staff and Council to note the applications received in areas not identified as high priority by the plan and, conversely, the areas deemed to be high priority but for which few, if any, applications have been received. Also, the use of progress reports, citation analysis, and bibliometric studies will help in judging the outcome of NEI-supported research projects. After two years of such study, sufficient data will have been gathered upon which preparations for an updated national plan may be based.

11. Date Project Description Prepared: May 15, 1981.

12. Execution: This project will be conducted by the use of the contract mechanism. The required expertise does not exist in the NEI staff and the use of an independent analyst or team of analysts will help ensure objectivity. The project will be administered by the NEI/NIH. It will begin on February 1, 1982,and will end on January 31, 1983. The phases of this project will include: conducting staff interviews concerning the efficacy of the present tracking system, developing a prototype coding system for grant applications, conducting a pilot test of the usefulness and practicality of this coding system, coding all current grants according to the new system, analyzing the results of this system and the other

analyses developed to judge the efficacy of NEI-supported research projects.

13. Project Monitor/Contact: Julian M. Morris, Chief, Office of Program Planning, Analysis, and Evaluation, National Eye Institute, Building 31, Room 6A25, National Institutes of Health, Bethesda, Maryland 20205, 496-4308.

14. Individual Requesting Project: Julian M. Morris, Chief, Office of Program Planning, Analysis, and Evaluation, National Eye Institute. This project was not mandated by Congress or by the Secretary.

15. Coordination: This project will be coordinated by the Chief, Office of Program Planning, Analysis, and Evaluation, in cooperation with the Associate Director for Extramural and Collaborative Programs and his staff and with the advice and guidance of the National Advisory Eye Council and its Program Planning Subcommittee.

16. Information Collection Burden: This project will not collect identical data from 10 or more persons in Fiscal Years 1981, 1982, or 1983.

NEI 82-302

1. Project Title: Evaluability Assessment of the Cooperative Cataract Research Group. We would like to assess the evaluability of this major component of the NEI Cataract Program.

2. NIH Evaluation Project Number: NEI 82-302

3. Agency Proposing: NIH-NEI

4. Cost and Funding Source:

FY 81	--
FY 82	$60
FY 83	--

5. Program Evaluated: PHS-NIH-Biomedical Research-Activity-Extramural Research
PHS-NIH-Biomedical Research-Institute Specific-Eye

6. Purpose: (a) Evaluability assessment. (b) The Cooperative Cataract Research Group (CCRG) comprises about one-fifth of the NEI Cataract Program and includes over 20 participating laboratories involving more than 100 investigators who have agreed to coordinate their efforts so that progress in research on the human lens and cataract may be accelerated. This group, which serves as a kind of nationwide, geographically dispersed research center, represents a unique experiment in marshaling diverse expertise in a concerted attack on human senile cataract. This project may provide the foundation for the development of a useful evaluation system design that may be applicable to other NEI programs. The purpose of the proposed project is to determine whether the following assessments can be made by a full-scale evaluation project:

   - Can the goals of the CCRG be clearly defined and measurable objectives be delineated?
   - What evidence is there that the CCRG is the best mechanism for achieving these goals?
   - What progress has been made by the CCRG in carrying out its mission?

7. Related Work: There is no existing work completed, underway, or proposed which bears on the approach or expected impact of the project.

8. Approach/Methodology: The contractor should assess the possibility and advisability of performing a full-scale evaluation of the CCRG. The contractor should assess the evaluability of the CCRG by designing a system capable of answering the following questions:

   - Are there administrative problems?
   - How well are each of the participating CCRG centers functioning?
   - What is the degree of commitment of the principal investigators to the CCRG?
   - How difficult is it to obtain intact human lenses after surgery at each of the centers?
   - Are there ways to improve the liaison between the surgeon and the laboratory investigator?
   - Is the lens classification system being used a practical one?
   - Is it being adopted universally by other ophthalmologists?
   - Should it be?
   - Are there ways by which it can be simplified?

- Are there ways to improve it to make it more uniformly acceptable for use throughout the United States, Asia (particularly Japan), and Europe?
- How many centers plan to join the CCRG's data processing system that will employ the Prophet System?
- Are there enough centers with sufficient data to warrant using such an approach?

9. Primary Intended Users: (b) The evaluation is intended to meet the information needs of the program managers and policy-makers responsible for the program being evaluated in order to improve the efficiency/ effectiveness of that program.

10. Application and Utilization of Findings: The findings of the proposed evaluation study will be presented by the contractor so that they may be used to decide whether a full-scale evaluation should be undertaken. The CCRG will be notified of the project and asked to assist in an attempt to incorporate suggestions for improvements. This assessment might be applicable to evaluation of other NEI extramural programs.

11. Date Project Description Prepared: May 29, 1981.

12. Execution: The project will be accomplished by using the contract mechanism. Doing this evaluation on a contract basis will give us a greater objectivity than if this were done in-house. The project will be administered by PHS-NIH-NEI. It will begin on December 1, 1981, and end on November 30, 1982. The contractor will divide the year into three parts: five months for data gathering, interviews with NEI staff and CCRG participants, five months for system design, and two months for production of a report.

13. Project Monitor/Contact: Henry N. Fukui, Ph.D., Cataract Program Director, Anterior Segment Diseases Branch, National Eye Institute, Building 31, Room 6A08, Bethesda, Maryland 20205, 496-5984.

14. Individual Requesting Project: Julian M. Morris, Chief, Office of Program Planning, Analysis, and Evaluation, National Eye Institute. This project was not mandated by Congress or by the Secretary.

15. Coordination: This project will be coordinated by the Chief, Office of Program Planning, Analysis, and Evaluation.

16. Information Collection Burden: This project will not collect identical data from 10 or more individuals in Fiscal Years 1981, 1982, or 1983.

1. Project Title: Evaluation of NEI Program Analysis System. This project will evaluate the procedures, systems, and programs used for the past several years in the Institute's computer-based program information and analysis system and suggest improvements that will help make this system more comprehensive, efficient, and responsive to the needs of NEI managers.

2. NIH Evaluation Project Number: NEI 82-303

3. Agency Proposing: NIH-NEI

4. Cost and Funding Source:

FY 81	--
FY 82	$75
FY 83	$50

5. Program Evaluated: PHS-NIH-Biomedical Research-Activity-Program Management
PHS-NIH-Biomedical Research-Institute Specific-Eye

6. Purpose: (a) Full-scale evaluation. (b) Since its inception the NEI's computer-based program analysis system has been a reliable source of vital program data. The purpose of this project is to provide an in-depth evaluation of the procedures, methods, and programs used by this system in the past, assess their efficacy and efficiency vis a vis the needs of NEI management, and suggest innovative improvements that will make it possible to integrate state-of-the-art ADP technology and methods into virtually every major data management operation of the NEI. (Hardware acquisition is neither being requested nor considered as a possible result of this study.)

7. Related Work: There are no studies that have been completed, are underway, or are being proposed that bear on the approach or expected impact of this project.

8. Approach/Methodology: The contractor will observe, analyze, evaluate, and critique the procedures, methods, and programs by which this system provides analyses of program, fiscal, and scientific information and data and make specific recommendations for improvement. The way the staff collects, indexes, stores, retrieves, and analyzes information pertaining to research grants, training grants, contracts, intramural projects, and other program mechanisms will be observed, technically analyzed, and evaluated. An important part of this evaluation will be in-depth interviews with members of the NEI Program Analysis Section and top managers of the NEI. First, attention will be paid to the needs, both real and perceived, of the users of this system and then an evaluation will be made of how the system may better serve the NEI. Improvements and innovations will be recommended for the conduct of these activities, and suggestions will be made to help enhance the administration, planning, and evaluation of this and related NEI programs.

9. Primary Intended Users: (b) The evaluation is intended to meet the information needs of the program managers and policy-makers responsible for the program being evaluated in order to improve the efficiency and effectiveness of that program.

10. Application and Utilization of Findings: This project is expected to improve the system's ability to respond efficiently to demands and anticipate needs for timely, accurate, and well-prepared data tailored to the interests and requirements of the NEI manager who has requested the information. As a direct result of this project,the system is expected to improve so that the NEI's ability to be accountable and responsive to higher levels within the NEI, NIH, Department, Executive Branch, scientific community, and general public will be greatly enhanced.

11. Date Project Description Prepared: May 15, 1981

12. Execution: This project will be conducted by the use of the contract mechanism. The required expertise does not now exist in the NEI staff, but perhaps even more important is the fact that the use of an independent analyst or team of analysts will help ensure objectivity. The project will be administered by the NEI/NIH. It will begin December 1, 1981,and end on November 30, 1982. The phases of the project will include four months for observing and analyzing the systems currently employed in the section, six months for developing new and improved systems to help make the Program Analysis Section more responsive to the users, and two months for writing a report that will present, explain, and illustrate the suggested improvements.

13. Project Monitor/Contact: Julian M. Morris, Chief, Office of Program Planning, Analysis, and Evaluation, National Eye Institute, Building 31, Room 6A25, National Institutes of Health, Bethesda, Maryland 20205, 496-4308.

14. Individual Requesting Project: Julian M. Morris, Chief, Office of Program Planning, Analysis, and Evaluation, National Eye Institute. This project was not mandated by Congress or by the Secretary.

15. Coordination: This project will be coordinated by the Chief, Office of Program Planning, Analysis, and Evaluation, in cooperation with the Associate Director for Extramural and Collaborative Programs and his staff.

16. Information Collection Burden: This project will not collect identical data from 10 or more persons in Fiscal Years 1981, 1982, or 1983.

Project No.: NEI 80-301

1. EDC ID No.:

2. Entry Dates:

3. Status: Complete

4. Project Title: Analysis of NEI Program Evaluation and Planning Process

5. Report Title: Anatomy and Assessment of Program Planning at the National Eye Institute

6. Agency Sponsor: PHS-NIH-NEI

7. Start/End Dates: 80/04, 81/01

8. Performer: Helen M. Riches

9. Agency Contact: Julian Morris; NIH, Building 31, Room 6A25, Bethesda,Md. (301) 496-4308

10. Cost: FY 80-$20, FY 81-($5)

11. Fund Source: In-house and Evaluation

12. Mechanism: In house

13. Project No.: NEI-80-301

14. Contract Nos.: NA

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Activity-Program Director and Management
PHS-NIH-Biomedical Research-Institute Specific-Eye

18. Evaluation Type: Program Management or Efficiency

19. Descriptors: Research and Evaluation Planning and Administration

20. Abstract: Although the National Eye Institute and the National Advisory Eye Council have performed evaluation and planning activities and have produced several such documents over the past five years, there has never been systematic and comprehensive description of the history and development of these activities or an assessment of their efficacy. By means of summarizing previously published materials,the contractor is producing the first phase of this project,which includes a history and description of the NEI's comprehensive program evaluation and planning activity. The second phase is an assessment of NEI evaluation and planning strategy and process,from its inception through the development of the five-year plan for the years 1978-1982.

This project has produced a draft document that sets forth an integrated and comprehensive picture of the NEI's program planning function: how it developed; the approach, rationale, and guiding precepts; who has participated; what the process is; and what has been accomplished to date. This is accomapnied by an assessment of the current status of planning at the NEI with recommendations for strengthening the process.

The report may be used by members of the NEI staff to discuss what has been accomplished by the Institute's planning process and what modifications can be made to improve the process. The report can also be used to inform and orient members of the NEI's advisory bodies and other groups, both within and without the Government, concerning the Institute's planning and evaluation activities.

Project No.: NEI 80-306

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Third Formal NEI Program Evaluation and Planning Process

5. Report Title: NYD

6. Agency Sponsor: PHS-NIH-NEI

7. Start/End Dates: 79/10,81/12

8. Performer: NEI staff, with the aid of the National Advisory Eye Council's Program Planning Subcommittee and over 260 expert consultants in the field of ophthalmology and vision research

9. Agency Contact: Julian M. Morris; NIH, Bldg. 31, Room 6A25, Bethesda, MD (301) 496-4308

10. Cost: FY 80-$60, FY 81-$60, FY 82-$60

11. Fund Source: Evaluation

12. Mechanism: In-house

13. Project No.: NEI 80-306

14. Contract No.: NA

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Activity-Program Management
PHS-NIH-Biomedical Research-Institute Specific-Eye

18. Evaluation Type: Program Impact; Program Performance Evaluation

19. Descriptors: Planning; Research and Evaluation Planning and Administration;
Management Techniques, Needs and Needs Assessment

20. Abstract: The purpose of this project is to increase the effectiveness and efficiency of the National Eye Institute in carrying out its mission; to justify the appropriate level of Federal support for vision research; to identify major current needs and opportunities in vision research and establish program and funding priorities; to promote stability and continuity in vision research funding and achieve program balance; to speed progress toward achieving NEI program goals; and to demonstrate accountability for expenditure of tax dollars.

It is the intent of the project to provide the managers of the NEI and the Council with a useful evaluation of how well the NEI is meeting its program objectives and with a detailed guide for future program development. This project, it is hoped, will better define the goals and objectives of NEI programs, encourage scientists to work in areas considered opportune by the

best minds in the field, help the Council make program relevance judgments concerning what grants NEI should fund, and serve as a source document for a wide variety of managerial purposes.

The evaluation of NEI's program will include analysis of data related to the support of vision research in America; discussion of progress toward fulfilling the recommendations in the previous national plan (1978-1982); redefining and ranking program objectives; examining the current program; assessing the state of the art, recent accomplishments, and research needs and possible approaches in vision research; recommending future program priorities to meet program needs; and estimating the costs of this research in terms of manpower and money.

The use of experts active in the field to review the data, evaluate the current funding, and plan the future directions of support has proved very cost-effective.

Copies of the multi-volume report will be distributed to the NEI staff; members of the National Advisory Eye Council; higher levels of government; interested members of Congress; private agencies that support vision research; the vision research community; and appropriate lay people and members of the general public who request a copy.

Project No.: NEI 80-401

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing
(Subsumed by NEI 80-306)

4. Project Title: Tracking System for Implementation of Vision Research--A National Plan: 1978-1982

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NEI

7. Start/End Dates: 79/10, 81/12

8. Performer: NEI staff

9. Agency Contact: Julian Morris; NIH, Building 31, Room 6A25, Bethesda, MD. (301) 496-4308

10. Cost: FY 80-$(15)

11. Fund Source: In-house

12. Mechanism: In-house

13. Project No.: NEI-80-401

14. Contract No.: X-NYD

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Activity-Program Management
PHS-NIH-Biomedical Research-Institute Specific-Eye

18. Evaluation Type: Program Impact; Program Performance Evaluation

19. Descriptors: Planning; Research and Evaluation Planning and Administration;
Management Techniques, Needs and Needs Assessment

20. Abstract: Fundamental to any assessment of the effectiveness of the vision research plan in directing NEI resources toward high priority areas is the development of a tracking system which will compare incoming grant applications with the plan's recommended levels of support in each priority area. The purpose of this project is to build such a capability into the present NEI information system and to generate reports periodically on our progress in achieving our planning goals. The system will show not only what correspondence there is between grant applications and identified program priorities but how well such applications fare in the review and funding process and what discrepancies there may be between receipt of applications and funding in priority areas.

Project No.: NEI 80-404

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Feasibility Study of Evaluation of NEI Core Centers

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NEI

7. Start/End Dates: 80/04,81/07

8. Performer: NEI Staff

9. Agency Contact: Dr. Israel Goldberg; Bldg. 31, Room 6A51, NIH (301) 496-5983

10. Cost: FY 80-($10)

11. Fund Source: In-house

12. Mechanism: In-house

13. Project No.: NEI 80-404

14. Contract No.: NA

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Activity-Program Management; PHS-NIH-Biomedical Research-Institute Specific-Eye

18. Evaluation Type: Program Performance Evaluation (evaluability assessment)

19. Descriptors: Feasibility Study Feature; Management Techniques; Needs and Needs Assessment

20. Abstract: Core Grants for Vision Research Centers (P30) are individual research grants that support central and resource activities associated with research already underway. Because of the substantial growth in the number of NEI core grants (25 grants were supported in both FY 1979 and 80), it became appropriate to perform a feasibility study for an evaluation of the effectiveness of this program.

This feasibility study is aimed at developing a system by which we may evaluate how well core grants, collectively and individually, have been able to achieve their objectives, which are to afford researchers greater opportunity and flexibility by integrating common requirements for research resources; to enhance research capabilities and productivity by strengthening the research environment; to facilitate multidisciplinary approaches to specific problems in the visual sciences; and to promote interaction and collaboration between vision researchers and scientists in areas outside the visual sciences.

The study is also identifying problem areas, evaluating the impact of core grants on advancing vision research during the past five years, and identifying those areas where improvements can be made or alternative management strategies can be employed to maximize core grant productivity.

The methodology developed by the feasibility study for the full-scale assessment will include a comparative evaluation of NEI grantees who are not associated with a core center. Specific examples of approaches to be used include review of center publications, individual investigators, and research performance; review of official grant files; field surveys; and onsite center case studies. These data will form the basis for a comprehensive study to be performed next year.

7

NATIONAL INSTITUTE ON AGING

Dr. Robert N. Butler, Director

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Proposed Budget

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NIA 79-302	NIA Research Management Information System	117	--	--
NIA 80-301	Evaluation of the Geriatric Medicine Academic Award Program	31	--	--
NIA 82-301	Development of a Systematic Procedure for the Monitoring and Review of Research Grant Progress Reports	--	50	--
	Total FY 82 Set-Aside Fund Request		$ 50	

1. Project Title: Development of a Systematic Procedure for the Monitoring and Review of Research Grant Progress Reports --- The primary basis for monitoring grants supported by NIA is the progress report submitted annually by the principal investigator. Although there is heavy dependence on the progress report, there is not a systematic procedure throughout the NIA for the monitoring and review of these reports. The development of an Institute-wide system of assessment will enable a uniform framework for interpreting and measuring the success of NIA programs.

2. NIH Evaluation Project Number: NIA 82-301

3. Agency Proposing: NIH-NIA

4. Cost and Funding Source: FY 82 $50,000

5. Program Evaluated: PHS-NIH-Biomedical Research-Institute Specific-Aging

6. Purpose: The proposed project is an evaluative activity to develop methods and procedures to be used for project review and monitoring. There is anecdotal evidence to suggest that research grant progress reports are of widely varying quality, completeness, and specificity, making it difficult for the Institute to report research accomplishments and develop program priorities in a rational and thorough fashion. Further, the lack of a uniform framework for analysis makes it difficult for program managers to assess the progress of individual research projects. The analysis of a sample of progress reports submitted during the period FY 1979-1981 will provide the data necessary for the development of an Institute-wide method for reviewing and responding to research grant progress reports.

7. Related Work: A search of the Compendium of HEW Evaluation Studies (Summer 1980) reveals no related work.

8. Approach/Methodology: Progress reports for noncompeting renewal grant applications will be sampled for the period FY 1979-1981. Data will be collected on predetermined key variables, such as publications, meeting presentations, stated accomplishements, and the relevance of the ongoing research to the research initially proposed. Interviews will also be conducted with NIA program managers to identity problems with the present system of monitoring and review of progress reports and to solicit suggestions concerning how the progress report could be used as a more effective management tool. This information will provide the basis for the development of a computer-based system providing for more effective and efficient monitoring and

assessment of progress reports and their content, with the advice of a small group of outside scientists. It is expected that the outcome of the data gathering process will be the construction of a checklist to accompany each progress report when it is referred to the project officer for review and funding recommendation. Not only will such a checklist enable more objective and systematic review of progress reports, but it will provide a uniform framework for the reporting of research progress and accomplishments in various documents and in response to outside inquiries. A uniform reporting method will also assist the NIA in assessing and planning its research programs. While a method of monitoring and review could be devised without an initial data-gathering phase, the collection and analysis of a limited amount of data will enable the construction of a far more responsive and effective management tool.

9. Primary Intended Users: This evaluative activity is intended to meet the information needs of NIA program managers responsible for administering grants in order to improve the efficiency/effectiveness of the NIA procedure for the monitoring and review of research grant progress reports.

10. Application and Utilization of Findings: The findings of the proposed project will be presented in the form of a final report to the Director, NIA. The report will include specific recommendations regarding the implementation of an Institute-wide system for monitoring and reviewing research grant progress reports.

11. Date Project Description Prepared: May 7, 1981

12. Execution: The proposed project will be carried out under an NIA-administered contract to be let during the first half of FY 1982 for a period not to exceed one year. This project cannot be implemented in-house because of extreme staffing limitations. The final deliverable of the contract will be a report containing findings of the data collection and analysis and specific recommendations to the NIA regarding the development of a more effective and efficient method of research grant progress report monitoring and review.

13. Project Monitor/Contact: Judith L. Howe, Office of Planning and Extramural Affairs, NIA, Bldg. 31, Room 5C-06, 9000 Rockville Pike, Bethesda, Maryland 20205. Phone number: 496-9322.

14. Individual Requesting Project: David L. Chicchirichi, Executive Officer, NIA.

15. Coordination: This proposal has been reviewed by an ad hoc Institute committee comprising the Associate Director for Planning and Extramural Affairs, Evaluation Officer, and representatives from the Grants Management Office and the Program Analysis Office.

16. Information Collection Burden: The proposed project does not involve the collection of identical data from ten or more persons.

Project No.: NIA 79-301/3

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of the NIA Animal and Cellular Resources Program

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NIA

7. Start/End Dates: 80/06, 82/06

8. Performer: National Institute on Aging, NIH
Bethesda, MD 20205

9. Agency Contact: Howe, Judith; Building 31, Room 5C06, NIH;
(301) 496-9322

10. Cost: FY 80-$105, FY 81-$194,

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NIA 79 301/3

14. Contract No.: NO1-AG-0-2104

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Institute Specific-Aging

18. Evaluation Type: Place,Project,or Technique

19. Descriptors: Elderly, Planning

20. Abstract: The intent of this evaluation is to assess the impact and effectiveness of NIA's program of selection, production, characterization, and distribution of genetic and cellular resources for the support of research on aging. The NIA Genetic and Cellular Resources Program was established in order to stimulate research on the cellular and molecular mechanisms of aging. An independent panel of expert scientists has been convened by the NIA to conduct this evaluation. Data are being gathered by a mail questionnaire and site visits to two facilities under contract to the NIA for the supply and distribution of genetic and cellular materials. Data collection will enable the panel to assess the adequacy of the NIA Resource Program, ascertain how effective the resources are in meeting the needs of investigators conducting research on aging, and develop recommendations regarding how the program might be improved. The panel's final report to the Director, NIA will assist the NIA in improving the effectiveness and efficiency of the program and planning for future needs of investigators engaged in research on aging.

Project No.: NIA 79-302

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: NIA Research Management Information System

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NIA

7. Start/End Dates: 80-09,82-09

8. Performer: National Institute on Aging, NIH, Bethesda, MD 20205

9. Agency Contact: Blackwood, Charles; Federal Bldg., Room 6C-10, NIA, NIH (301) 496-3121

10. Cost: FY 80-$157, FY-81-$117

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NIA 79-302

14. Contract No.: NO1-AG-0-2130

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Institute Specific-Aging

18. Evaluation Type: Other

19. Descriptors: Information Systems, Management Information and Reporting, Elderly

20. Abstract: The NIA Research Management Information System will meet NIA needs for planning, evaluation, resource allocation, and program accountability. The system will be designed to interrelate data on scientific content; demography and epidemiology of the aged, project management, budget, and resource development as they relate to NIA programs. It will also incorporate data on selected aspects of the aging research programs of agencies working cooperatively with NIA and on the aging research community. Data from CRISP, IMPAC, population data bases, and aging research programs will be included in the system. The first step in developing this system, clarification of system objectives, has been completed by NIA staff. An outside consultant will assist NIA staff in the synthesis of a classification framework for aging research; the development of data bases and programs for the system; the identification of data sources and clients,and the development of procedures for collection, storage, retrieval, and dissemination of system information; and a cost estimate of operating various components of the system. Information from this system will be published as research grant abstracts as well as through other mechanisms,such as the NIA Annual Report and Research Advances formats shared by all Institutes. The data sets evaluation will be published as an NIA document and form the basis for articles in the general literature.

Project No.: NIA 80-301

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of the Geriatric Medicine Academic Award Program--Phase I

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NIA

7. Start/End Dates: 81/09,82/02

8. Performer: National Institute on Aging, 9000 Rockville Pike, Bethesda, Md. 20205

9. Agency Contact: Judith Howe, Building 31, Room 5C-06, NIH, (301)496-9322

10. Cost: FY 81-$31,

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NIA-80-301

14. Contract No.: X-NYD

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Institute Specific-Aging

18. Evaluation Type: Place Project or Technique

19. Descriptors: Elderly, Planning

20. Abstract: The intent of this evaluation is to assess the overall impact of the Geriatric Medicine Academic Award (GMAA) program and to differentiate among various project and grantee institution characteristics, settings, and approaches in terms of indicators of success. The first phase of the evaluation, development of the methodological approach, will be accomplished with the assistance of a small group of consultants with expertise in geriatric medicine and evaluation research. A contractor will assist in the development of the technical aspects of the evaluation approach. The resultant evaluation plan will detail the data collection plan for GMAA awardees, which will provide the data base for the comprehensive evaluation of the GMAA program in FY 84. The final report to the Director, NIA, will assist the NIA in improving the effectiveness of the GMAA program mechanism in developing geriatric medicine and research throughout the United States.

8

NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Dr. Richard M. Krause, Director

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Proposed Budget

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NIAID 80-401 Evaluation of the Impact of the NIAID/OMAR Consensus Development Conference on Amantadine	--	(3)	--
NHLBI/NIAID 81-303* Education Programs and Materials for Self-Management of Children With Asthma	(49) --	55	28
NIAID 82-301 Evaluation of the NIAID Vaccine Development Program	(50)	440	--
Total FY 82 Set-Aside Fund Request		$495	

*NIAID is co-funding this project with NHLBI

NIAID 82-301

1. Project Title: Evaluation of NIAID Vaccine Development Program
This study will provide the data for selection of candidate vaccines for rapid, sequential development into clinical usage via the HHS initiative on Accelerated Development of New Vaccines.

2. NIH Evaluation Project Number: NIAID 82-301

3. Agency Proposing: NIH-NIAID

4. Cost and Funding Source:

   a. Evaluation Set-aside

   b. Estimated Costs: FY'81 ($ 50,000) NIAID program funds
      FY'82 $440,000

   In FY'81 a sole source, incrementally funded contract will be awarded to the Institute of Medicine, National Academy of Sciences, to perform this study. This proposal requests set-aside support for FY'82 through FY'84.

5. Program Evaluated: NIAID Vaccine Development Program

6. Purpose: The study will be a program performance evaluation of the NIAID Vaccine Development Program. In the mid 1960s, NIAID began a formal program to develop new vaccines. This effort has included NIAID intramural scientists, informal and formal arrangements with other NIH Institutes, scientists in academic institutions and other segments of the Federal Government, such as the Army, the Navy, and the Bureau of Biologics/FDA. The program has interfaced at several points in its history with industry. New knowledge and technology emerging from basic research now provide new opportunities to solve problems that have been largely insoluble with earlier technology and knowledge. The incentive for expanded efforts lies in recombinant DNA and hybridoma technologies and in the better understanding of the workings of the immune system. These new technologies permit radically different approaches to the problems of immunization.

   In FY'81 NIH/NIAID presented a proposed initiative for the Accelerated Development of New Vaccines as part of the HHS Health Research Planning Process, which laid out a highly coordinated and organized approach to the problem. That initiative cited major emphasis on 10 vaccines, but due to budgetary constraints it will be necessary to focus on a selected few vaccines for development. This study will provide the mechanism for reviewing research related to these vaccines and evaluating other aspects as outlined in Section 8, and will provide the data base and recommendations for the programmatic/managerial selection of those specific vaccines most amenable to successful early

development and clinical usage and that show promise for significant health improvements and reduction of the socioeconomic impact of the disease.

7. Related Work: A Review of Selected Federal Vaccine and Immunization Policies (Based on Case Studies of Pneumococcal Vaccine), September 1979, Office of Technology Assessment [U.S. Government Printing Office, Stock No. 052-003-00701-1]

   - Evaluation of Poliomyelitis Vaccines. Report of a Study by a Committee of the Institute of Medicine, National Academy of Sciences (HEW Contract No. 1-OD-7-2105), April 1977.

   - Pharmaceutical Innovations and the Needs of Developing Countries. Report of a Study by a Committee of the Institute of Medicine, National Academy of Sciences, June 1979.

8. Approach/Methodology:

   The aim of the study is to identify those candidate vaccines most amenable to rapid development into clinical usage. The methodology for execution of the study will be developed by staff of the Institute of Medicine in response to evaluation requirements established by NIAID staff.

   Vaccines will be examined and ranked following careful evaluation of the importance of the following measures as they pertain to the development of each specific vaccine.

   Evaluation of the:

   - adequacy of the science and technology base
   - significance of the socioeconomic impact of the disease: cost-effectiveness and cost-benefit estimates primarily for the U.S. but secondarily in developing countries
   - ethical and societal concerns regarding the specific disease
   - potential for safety and efficacy testing of the vaccine: epidemiological, ethical, and cost issues and access to target population
   - acceptability and receptivity of physician/public
   - potential for industrial efforts, interest and production feasibility

The study will be executed in phases and three different categories of infectious diseases will be encompassed in a sequential, incrementally funded study, each phase estimated to require 10-14 months.

Experience with Phase 1 will guide the development of study plans for Phases 2 and 3.

Phase 1. Phase 1 will include a review of those diseases for which safe, effective vaccines do not now exist but which result in

high morbidity, mortality, or socioeconomic costs in the United States population in general (such as sexually transmitted diseases, including herpes type 2 and cytomegalovirus; acute bacterial and viral respiratory diseases other than influenza; acute virus diarrheal diseases; and other herpes simplex virus infections, such as herpes simplex type 1 and varicella).

Phase 2. Diseases of importance to special subsets of the United States population, such as neonates, laboratory workers, physicians, dentists, agriculturalists (for example, Rocky Mountain spotted fever; Q fever; lassa and ebola fevers; and Pseudomonas aeruginosa, a particular problem for cystic fibrosis patients).

Phase 3. Diseases of importance to the less technologically advanced nations (for example, malaria and other parasitic diseases, the bacterial diarrheas).

Procedure and Timetable

A core committee will be appointed by the Institute of Medicine (IOM), National Academy of Sciences to conduct the project, and will consist of IOM staff members and other experts from the relevant basic biomedical sciences, experts in biomedical research evaluation and planning, clinical medicine, and public health; representatives of the pharmaceutical industry and non-health professions (such as law and economics) will also be added to augment the core committee, depending on the vaccine or issue under study. Committee members and consultants, as appropriate, will attend NIAID workshops, other relevant scientific meetings, and maintain liaison with other Federal agencies and industry. The committee staff will prepare a detailed study plan for Phase 1 for presentation to NIAID approximately three months after initiation of the project.

9. Primary Intended Users:

   The evaluation is intended to meet the information needs of the HHS/NIH/NIAID program managers and policy-makers responsible for the vaccine development program.

10. Application and Utilization of Findings:

    The study results will serve as the basis for NIAID and HHS program management decisions for selection and sequential, accelerated development of candidate vaccines to clinical usage.

11. Date Project Description Prepared: June 18, 1981

12. Execution: A sole source contract will be awarded to the Institute of Medicine, NAS. The study will be coordinated and

administered by OPPE, NIAID, which does not have adequate staff to fully perform the evaluation in-house. The study will be divided into three phases as detailed in Section 8.

Start Date: August 1981 (approximately)
End Date: February 1985 (approximately)

Products: The study will produce three study plans, three annual progress reports, and one final report:

- detailed study plans will be developed for each phase; the first within three months of initiation of the project, the others shortly after beginning Phases 2 and 3
- progress report at the end of each phase; including one set of recommendations per year
- final report with any additional or revised recommendations judged appropriate and suggestions for future vaccine research and development.

13. Project Monitor/Contact:

Dr. John E. Nutter
Office of Program Planning and Evaluation, NIAID
Building 31, Room 7A17
National Institutes of Health
Bethesda, Maryland 20205
Telephone: (301) 496-5643

Dr. George Galasso
Chief, Development and Applications Branch
Microbiology and Infectious Diseases Program
Westwood Building, Room 750
National Institutes of Health
Bethesda, Maryland 20205
Telephone: (301) 496-7051

14. Individual Requesting Project:

Dr. Richard M. Krause
Director, NIAID
Building 31, Room 7A03
National Institutes of Health
Bethesda, Maryland 20205
Telephone: (301) 496-2263

15. Coordination:

The project will be coordinated and monitored closely by staff of OPPE NIAID.

16. Information Collection Burden:

N/A

Project No.: NIAID 79-401

1. EDC ID No.:

2. Entry Dates:

3. Status: Complete

4. Project Title: A Pilot Study of Microbiological Manpower at the Baccalaureate and Graduate Degree Level

5. Report Title: Membership Survey of the American Society for Microbiology

6. Agency Sponsor: PHS-NIH-NIAID

7. Start/End Dates: 78/11,81/03

8. Performer: American Society for Microbiology, 1913 I Street, N.W., Washington, D.C. 20006--Robert D. Watkins, 833-9680

9. Agency Contact: Dr. Louis D. Bourgeois, Westwood Building, Room 705, NIH, (301) 496-7669

10. Cost: FY 79-($102)

11. Fund Source: In-house

12. Mechanism: Contract

13. Project No.: NIAID 79-401

14. Contract No.: NO1-AI-9-2600

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research Training-Specific Allergy and Infectious Diseases

18. Evaluation Type: Research and Data Development

19. Descriptors: Health Manpower Training, Health Manpower Projections

20. Abstract: Using the membership of the American Society for Microbiology, ASM will compile and analyze questionnaire data in an effort to determine the size of the universe of scientists concerned with activities relevant to the NIAID mission. Information to be obtained includes: 1) source of training support; 2) the mobility in and out of a subgroup; 3) evidence for changes in demand; 4) the effective rate of attrition; and 5) an estimate of the number of trainees and type of subspecialty training needed to meet the net effect.

1. EDC ID No.: Project No.: NIAID/NIH 80-302

2. Entry Dates: 3. Status: Ongoing

4. Project Title: Evaluation of Institutional Biosafety Committees (IBC)

5. Report Title: Phase I Report

6. Agency Sponsor: PHS-NIH-NIAID 7. Start/End Dates: 80/09, 81/09

8. Performer: Dingle Associates Inc.

9. Agency Contact: John E. Nutter, Ph.D., NIAID, Bldg. 31, Rm. 7A17, NIH (301) 496-6752

10. Cost: FY 80-$147 ($3)

11. Fund Source: Evaluation 12. Mechanism: Contract, In-house

13. Project No.: NIAID/NIH 80-302 14. Contract No.: 263-80-C-0530

15. NTIS No.: X-NYD 16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research (Entire Program Area)

18. Evaluation Type: Program Performance Evaluation

19. Descriptors: Biomedical Research, Safety, Federal Administration, State or Local Administration

20. Abstract: The IBC structure and responsibilities are mandated in the NIH Guidelines for Recombinant DNA Research for all institutions that receive federal funds to support recombinant DNA research. This study was designed to evaluate the effectiveness of the committee format, including its mandated composition and procedures, and to develop recommendations for optimizing the balance of Federal and institutional roles.

Phase I of the study included a major national meeting of the IBC chairmen in November 1980 as a forum for input into the study from key institutional officials. A key recommendation that resulted from that meeting was: that experiments currently covered by Section III-O of the NIH Guidelines be made exempt. The consensus of the group was that the risks associated with most recombinant DNA research do not justify the current procedures.

At its April 1981 meeting, the Recombinant DNA Advisory Committee took formal action recommending to the Director, NIH, changes in the NIH Guidelines for marked reduction in those aspects of the paperwork burden of the IBC's associated with minimal risk research projects. NIAID staff is currently collaborating with the Director, Division of Safety, OD/NIH, in developing a revised approach to Phase II of the study in response to concerns from several quarters that the institutions need broad assistance in safety matters (i.e., chemical carcinogenesis and etiological agents).

Project No.: NIAID 80-401

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of the Impact of the NIAID-OMAR Consensus Development Conference on Amantadine

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NIAID

7. Start/End Dates: 80/01,82/12

8. Performer: IMS America, Inc.

9. Agency Contact: Dr. Richard Kaslow, NIAID, Westwood Bldg., Rm. 739, NIH Bethesda, Md. 20205 (301) 496-7067

10. Cost: FY 80-($3), FY 81-0, FY 82-($3)

11. Fund Source: In-house

12. Mechanism: In-house

13. Project No.: NIAID-80-401

14. Contract No.: NA

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: NIAID OMAR Consensus Development conference

18. Evaluation Type: Program Impact

19. Descriptors: Drugs, Therapeutic and Devices, Medical Practice, Information Dissemination

20. Abstract: This project is designed to note changes in the national patterns of the prescription of amantadine for the prophylaxis and treatment of influenza A infections over a five-year period spanning the Consensus Development Conference on Amantadine. We propose to use the National Drug and Therapeutic Index (NDTI) data of the numbers of prescriptions private physicians write each quarter for the prophylaxis and treatment of influenza A infections. We intend to use these data to relate temporally the prescription patterns for amantadine to the conference, which promulgated specific recommendations for use of the drug.

Project No.: NIAID/NHLBI 81-303

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of Educational Programs and Materials for Self-Management of Children with Asthma

5. Report Title: NYD

6. Agency Sponsor: PHS-NIH-NIAID/NHLBI

7. Start/End Dates: 81/06, 83/09

8. Performer: In-house, Contractor NYD

9. Agency Contact: Dr. Robert Goldstein (NIAID) Westwood Bldg, Rm. 755 (301) 496-7104; Dr. Sydney Parker (NHLBI) Westwood Bldg, Rm. 6A12 (301) 496-7668

10. Cost: FY 81-($49), FY 82-$55, FY 83-$28

11. Fund Source: In-house

12. Mechanism: In-house, Contract

13. Project No.: NIAID/NHLBI 81-303

14. Contract No.: NYD

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Institute Specific Allergy and Infectious Disease/Heart, Lung and Blood

18. Evaluation Type: Program Strategy

19. Descriptors: Educational Techniques, Health Care Techniques, Outreach and Referral, Children and Youth

20. Abstract: There is increasing recognition that children with asthma can learn to manage their asthmatic condition without heavy reliance on the health care system. Through educational programs designed to reach the child, parents, teachers, and siblings, it appears as if the incidence and frequency of asthma attacks can indeed be reduced, along with the number of visits to the emergency room or the physician's office. Both the National Heart, Lung, and Blood Institute and the National Institute of Allergy and Infectious Diseases have been involved in the support of research programs which have resulted in the development of a number of approaches for teaching asthmatic children to manage their disease. Both Institutes feel that the progress of these development programs needs to be assessed in order to reevaluate the objectives for the program and to set future directions.

Phase I will include a workshop, which will bring together NIAID and NHLBI program staff, outside experts on the management of children with asthma, and experts in evaluation methodology. The workshop discussion will be focused on eight asthma self-management projects. Two major objectives of the workshop are: 1) the development of a group consensus on outcome measures for assessment of asthma self-management programs and 2) design of a preliminary approach for Phase II of the study.

9

NATIONAL INSTITUTE OF ARTHRITIS, DIABETES, AND DIGESTIVE AND KIDNEY DISEASES

Dr. Lester Salans, Acting Director

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Proposed Budget

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NIAMDD 78-2	Evaluation of the Hematology Program of NIAMDD in Relation to Identification of Research Needs	--	--	--
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NIADDK 82-301	Utilization of Products Disseminated by the National Diabetes Information Clearinghouse	--	50	--
NIADDK 82-302	Evaluation of Postdoctoral Research Training in the Diabetes, Endocrine and Metabolic Diseases Program	--	80	80
	Total FY 82 Set-Aside Fund Request		$450	

NIADDK 82-301

1. Project Title: "Utilization of Products Disseminated by the National Diabetes Information Clearinghouse."

   This evaluation will entail the development and administration of a questionnaire to determine specific ways in which the program can improve its products and services.

2. NIH Evaluation Project Number: NIADDK 82-301.

3. Agency Proposing: National Institutes of Health, National Institute of Arthritis, Diabetes, Digestive and Kidney Diseases (NIADDK).

4. Cost and Funding Source: FY 1982 $50,000 Set-aside funds

5. Program Evaluated: PHS-NIH-Biomedical Research - Institute Specific - Arthritis, Diabetes, Digestive and Kidney Diseases

6. Purpose:

   a. Background -- In its final report to the Congress, the National Commission on Diabetes recommended establishment of a national diabetes clearinghouse as "the primary means of addressing the need for a central resource for educational materials and information" in diabetes. The Commission envisioned the clearinghouse as a "resource developer and stimulator" and recommended specific clearinghouse functions with respect to professional, patient, and public information and education.

      In response to the Commission's report, the National Institute of Arthritis, Diabetes, Digestive and Kidney Diseases (NIADDK) established the National Diabetes Information Clearinghouse (NDIC) in September 1978. Subsequently, the Director, NIH, charged the Trans-NIH Diabetes Program to serve through the National Diabetes Information Clearinghouse as the central resource for providing diabetes-related information and educational materials to scientists, health professionals, diabetics and their families, and to the general public. This charge was underscored by the recently enacted Health Science Promotion Act of 1980 (P.L. 96-538) which assigns responsibility for communications and education programs to the NDIC. The need for greater attention to education and information transfer was also underscored by experts who attended a recent Health Care Delivery Conference sponsored by the National Diabetes Advisory Board. One of the major goals of the Clearinghouse is "to serve as a national contact for information about diabetes educational materials, programs, and resources". (For a complete listing of the goals and objectives of the Clearinghouse, see Attachment A.) To achieve this goal, the Clearinghouse collects and disseminates information about diabetes materials and programs and encourages and coordinates the preparation of new and accurate educational materials.

Problems To Be Addressed -- To conduct a summary evaluation of materials disseminated by the National Diabetes Information Clearinghouse through a systematic survey of clearinghouse users. At present, the clearinghouse has a mailing list of almost 4,000 individuals who automatically receive copies of all materials produced and/or distributed by the program.

b. Questions To Be Answered Include:

- What does the survey reveal about the demographic breakdown of clearinghouse users?
- Do clearinghouse recipients use and are they satisfied with the materials they receive, their format, accuracy, and timeliness?
- What do utilization data suggest concerning the discontinuation of existing products or the need for new ones, and their differential distribution?
- Do clearinghouse materials answer a major informational need for diabetes health care providers?
- What other educational activities of the clearinghouse might be useful?

7. Related Work: The proposed evaluation project is related to NIAMDD 81-301, "Evaluability Assessment of the NIADDK National Diabetes Information Clearinghouse," which is scheduled to begin shortly. The evaluability assessment will examine the goals that managers, policy-makers, and the diabetes community have for the Clearinghouse and whether or not information exists to determine that the Clearinghouse is meeting these objectives. The proposed project focuses on only one aspect of Clearinghouse operations: the production and dissemination of bibliographies and other written material. The evaluation of the utilization of products disseminated by the Clearinghouse will begin after the evaluability assessment is completed and will utilize its results to ensure that the questionnaire produced addresses both issues related to a product evaluation and any that the evaluability assessment identifies as being important. The results of both studies will therefore give program and Institute management a more complete understanding of Clearinghouse operations and of the possible ways in which they can be improved.

8. Approach/Methodology: The contractor in consultation with program staff will develop a survey instrument (questionnaire) based on their review of the literature, familiarity with Clearinghouse operations, the results of the evaluability assessment, and knowledge of the types of questions they need to have answered in order to improve Clearinghouse products. The contractor will draw on the services of NDIC advisory board members and other expert consultants in evaluation and social science research to review the

questionnaire and make recommendations concerning possible changes in its form and content. The contractor will pilot test and further refine the instrument and undertake a full-scale administration of the questionnaire to a sample of individuals on the Clearinghouse mailing list (approximately 4,000). The sample for the pilot-test and the actual study will be determined by a sampling expert on the contractor's staff in consultation with program staff.

The contractor will key all questionnaires, produce a clean data tape, and, using an SPSS (Statistical Package for the Social Sciences) or other appropriate statistical package, provide the necessary data file documentation and marginals. Working together with NIADDK staff, the contractor will run the data and provide statistical and analytic support. While report preparation will in large part be a responsibility of program staff, the contractor will be responsible for editing, graphic design, and other functions essential to the preparation of a final report.

9. Primary Intended Users: The evaluation is intended to meet the information needs of the program managers and policy-makers responsible for the program being evaluated in order to improve the efficiency/effectiveness of that program.

10. Application and Utilization of Findings: The survey results should provide a rational basis for managerial decisions concerning clearinghouse operations. In essence, the evaluation will be used as a performance measure in assessing the effectiveness of Clearinghouse products. For example, management will gain insight into whether the Clearinghouse newsletter and other products (see Attachment B for complete product list) are useful to recipients or whether they should be discontinued or reformatted, or whether they should be sent to some people and not others. The survey will also help management to identify any "user needs" that are not being met and suggest the types of new products that should be disseminated. Finally, it is expected that the evaluative data obtained in the study will help to facilitate Departmental approval of Clearinghouse materials since their utility will be documented.

11. Date Project Description Prepared: April 1981

12. Execution: The contract mechanism will be used to conduct this evaluation, as it would not be economical to establish such expertise inhouse. It is expected that an 8(a) set-aside contract will be used. The contract will be administered and monitored by the National Diabetes Information Clearinghouse of the National Institute of Arthritis, Diabetes, Digestive and Kidney Diseases (NIADDK), NIH. This is a one phase project expected to begin in October 1981, and end in September 1982.

13. Project Monitor/Contact:

Lois Lipsett, Director,
National Diabetes Information Clearinghouse,
NIADDK, NIH
Westwood Bldg., Room 603
496-7433

14. Individual Requesting Project:

Same as Item 13.

15. Coordination: Technical review of the project will be in accord with established NIADDK contracting procedures as described in the document, "Guidelines for Project Officers, Contract Officers, Contract Specialists, and Executive Secretaries on NIADDK Contract Policies and Procedures - April 1979." Staff of other NIH Clearinghouses, the National Library of Medicine, and other interested government agencies will be invited to participate in developing and/or reviewing the RFP for this contract.

16. Information Collection Burden:

The appropriate information collection burden form has been completed.

Attachment A

WORKING GOALS AND OBJECTIVES
NATIONAL DIABETES INFORMATION CLEARINGHOUSE

Goal I: To serve as a national contact for information about diabetes educational materials, programs, and resources.

- Objective: Maintain informational links with public and private sector organizations for the purpose of identifying and acquiring information.
- Objective: Maintain an effective system for collecting, classifying, and storing documents and for retrieving information.
- Objective: Disseminate informational and bibliographic products in response to requests and identified needs.

Goal II: To encourage the development and wide distribution of needed diabetes educational and informational materials.

- Objective: Systematically ascertain and publicize patient, public, and professional educational needs.
- Objective: Recommend development of specific materials to federal and non-Federal organizations, producers, publishers, and others.
- Objective: Provide technical assistance and information to educational producers.

Goal III: To ensure the quality of diabetes educational materials through peer review evaluation.

- Objective: Promote criteria and procedures for evaluating educational and informational materials.
- Objective: Maintain a procedure for reporting the evaluation of these materials.
- Objective: Encourage pre-assessment of educational materials among producing organizations.

Goal IV: To stimulate exchange of information about significant diabetes programs and science-related information.

- Objective: Sponsor workshops, conferences, and other meetings for the exchange of current scientific and related information.
- Objective: Publish and disseminate proceedings of selected professional meetings in which NIAMDD has direct involvement.

Attachment B

NATIONAL DIABETES INFORMATION CLEARINGHOUSE
BIBLIOGRAPHY LIST

BIBLIOGRAPHIES IN PRINT

Diet and Nutrition for People with Diabetes

General Information About Diabetes

Care of the Diabetic Foot

Materials and Aids for the Visually Impaired Diabetic

Educational Materials for and About Young People with Diabetes

Pregnancy and Diabetes

Diabetes and Aging

Sports and Exercise for People With Diabetes

Information for Diabetics on Careers and Employment

Diabetic Aids: Selected Products

Cookbooks for Diabetics

Teaching Guides for Diabetes Education Programs

Spanish Language Materials

Diabetes Educational Materials for Adults With Limited Reading Skills

BIBLIOGRAPHIES IN PROCESS

Diabetic Emergencies

Complications of Diabetes

OTHER MATERIALS

Behavioral and Psychosocial Issues in Diabetes: Proceedings of the National Conference

Diabetes Dateline

NIADDK 82-302

1. Project Title: Evaluation of Postdoctoral Research Training in the Diabetes, Endocrine, and Metabolic Diseases Program.

   The goal of this project is to assess the effect of institutional training grants and individual fellowships from NIADDK in the fields of diabetes, endocrine and metabolic diseases on the pool of active biomedical research scientists.

2. NIH Evaluation Project Number: NIADDK 82-302

3. Agency Proposing: National Institutes of Health, National Institute of Arthritis, Diabetes, Digestive and Kidney Diseases (NIADDK).

4. Cost and Funding Source:

FY 82	$80,000	Set-aside funds
FY 83	$80,000	Set-aside funds

5. Program Evaluated: PHS-NIH-Biomedical Research - Institute Specific - Arthritis, Diabetes, Digestive and Kidney Diseases

6. Purpose:

   a. This project will investigate the impact of institutional and individual training awards in preparing young scientists and scientist-physicians for research careers in the field of Diabetes, Endocrine, and Metabolic Diseases. A particular focal point will be the rapid increase in the total number of investigators funded for diabetes-related research over the past five to eight years. Selected areas of research in endocrine and metabolic diseases will be studied on a comparative basis as fields in which numbers of investigators have been relatively stable over the same period of time.

   b. This project will constitute one part of a more comprehensive effort to engage in quantitative modeling of the development of biomedical investigators. Such modeling becomes increasingly important as all manpower development programs become attractive targets for budget economies. Given the fact that the postdoctoral training of an investigator may take from several years to a decade, accurate planning and forecasting devices must be developed to allow the efficient and effective funding of research training and development programs.

   c. In order to provide data relevant to planning and forecasting, the following questions will be asked pertaining to the last decade of training activities.

      1. What proportions of current Principal Investigators (PIs) holding research project grants in the Diabetes, Endocrine, and Metabolic Diseases (DEMD) programs received NIH support for their postdoctoral training? From what BID? Is the proportion the same for each of the three programs? Is it the same for PIs funded for diabetes-related research in Institutes other than NIADDK?

2. What proportion of PIs have switched fields since their training? Since obtaining their first research project award? Is field switching correlated with funding in the field?

3. For those PIs who did not receive NIH postdoctoral training support, did they receive postdoctoral training of any kind? If so, how was it supported?

4. Retrospectively, what role did such factors as the availability or non-availability of NIH postdoctoral support play in the decision to enter a career in biomedical research?

5. What proportion of individual and institutional awardees supported by the DEMD program subsequently apply for (and receive) NIH research support? In the same field? From the same BID?

6. What are the time intervals between receiving postdoctoral training support and applying for (and receiving) research project funding? What are the success rates for applicants as a function of the time interval since training?

7. What proportion of DEMD-supported trainees subsequently contribute to the biomedical literature? In what types of journals (basic research, clinical research, clinical observation) do these contributions appear? What is the relationship of contributions to time since training?

8. What happens to DEMD-supported trainees who do not contribute to the literature or apply for research support?

Data will be aggregated separately by MD and non-MD, by field of training (diabetes, endocrinology, metabolic diseases) and by the authority under which trainees and fellows were supported (NRSA or pre-NRSA).

7. Related Work: Sherman and Morgan* examined a population of medical faculty members who submitted their first grant applications to NIH or ADAMHA between 1968 and 1975. After examining the training records of the applicants, Sherman and Morgan concluded that, of the variables examined, the quality of postdoctoral training had the strongest positive correlation with success as defined by priority score. Furthermore, preliminary evidence indicates that institutional trainees and individual fellows have had longer than average half-lives as PIs on NIH research grants.

The Program Analysis Branch, Division of Program Analysis, OD, NIH, has recently completed a study tracking careers of a cohort of NIH-supported trainees. The cohort was defined by birth date (1925-1934), rather than dates of training support, but many of the variables to be studied in the present evaluation (type of training award, degree held by trainee, submission of a research grant application, receipt of a research award, etc.) were

*Sherman, C. R. and T. E. Morgan. Education Patterns and Research Success of Medical School Faculty. Association of American Medical Colleges. Washington, D.C. 1979.

investigated in that study. Although focusing on an earlier period, it will provide useful comparison and baseline data.

The Analysis and Evaluation Branch of the Division of Program Analysis, OD, and the National Academy of Sciences have been attempting to apply bibliometric methods to study the NIH-wide impact of training on research. The Analysis and Evaluation Branch is utilizing MEDLINE as a bibliometric source, while the Academy has used the Science Citation Index (SCI). The former system has the advantage of capturing all publications on which an individual is listed as one of the first three authors. Bibliometric searches utilizing SCI have the disadvantage of restricting searches to those of senior authorship but have the advantage of permitting one to perform citation analysis.

The Division of Planning Analysis of the Office of Program Planning and Evaluation, the Research Analysis and Evaluation Branch of the Division of Research Grants, and the National Academy of Sciences are some groups having continuing interests in broadly based assessments of the impact of training on biomedical research.

The office of Program Planning and Evaluation, NHLBI, is currently conducting a study of pre-NRSA trainees which shares a number of objectives with this study. Coordination of methods has already begun between NIADDK and NHLBI, and much of the resulting data should be directly comparable.

3. Approach/Methodology: Both retrospective and prospective methodologies will be employed. Questions 1-4 will be answered retrospectively by beginning with current PIs and studying their previous career development. Current IMPAC files will be matched against the Master File of Trainees and Fellows. For matches, a variety of information will be retrieved, both from the training file and from the investigator's grant file. Where the same information is available from both sources, reliability will be assessed. OMB approval will be sought to collect data from the investigators regarding the scientific field in which they trained, the field in which they are now working, and their impressions of the role that such factors as the availability/non-availability of NIH postdoctoral training support played in their career development. Those with no record of receiving NIH training support will be asked whether NIH support was sought, and what alternate sources of training funds were obtained.

Data analysis will be performed focusing on the doctoral degree of the PI, current field of research, and source and type of postdoctoral training support. Dependent variables will include field of training, field of first NIH research award, agencies contributing to training and research support, and a variety of opinion variables regarding the role of postdoctoral training and training support in choosing and pursuing a career in biomedical research.

Questions 5-8 will be answered through a prospective methodology beginning with cohorts of trainees from the Master File of Trainees and Fellows and tracking them through the Consolidated Grant Application File and IMPAC system. MEDLINE searches will also be performed to detect contributions from these individuals to the biomedical literature. If feasible, an attempt will be made to locate trainees and fellows who have not applied for research

support nor been detected in MEDLINE searches. Initial approaches will be made to those who sponsored the training projects, to professional organizations, etc., to locate the trainees. Questionnaires will then be mailed to these individuals, requesting current occupational information and subjective information about the usefulness of the training experience relative to present occupation.

Data will be analyzed by the type of training mechanism (NRSA, non-NRSA; institutional or individual award), and degree of trainee (MD, non-MD). Dependent variables will include proportions of individuals applying for research awards, receiving research awards, contributing to the literature; type and quantity of contributions to the literature, and a number of opinion variables derived from questionnaire data regarding the determinants of career choices and the role of postdoctoral training support in those choices.

9. Primary Intended Users: The evaluation is intended to meet the information needs of the program managers and policy-makers responsible for the program being evaluated in order to improve the efficiency/effectiveness of that program.

10. Application and Utilization of Findings: The results of the proposed evaluation will be used to supply parameters and provide data for testing a set of manpower development models now under development. These models will be designed to aid in the allocation of funds among research and manpower development mechanisms by predicting the "yields" of investigators from training programs of given dimensions. Similarly, they will indicate the appropriate sizes of present training programs given particular levels of research project funding in the future (e.g., under long-range stabilization plans).

11. Date Project Description Prepared: April 30, 1981.

12. Execution: This project will be executed through a contract. This is necessary because specialized expertise for constructing and validating questionnaires is not available in-house, nor is the flexibility to hire part-time clinical staff for relatively short periods of time. The project will be administered by NIADDK-NIH. The start date will be July 30, 1982, end date June 30, 1984. End product will be a report of findings.

13. Individual Requesting Project:

Walter S. Stolz, Ph.D.
Chief, Endocrinology, Metabolic Diseases
and Resources Programs Branch, DEMD
National Institute of Arthritis, Diabetes,
Digestive and Kidney Diseases
National Institutes of Health
Westwood Building, Room 626
Bethesda, Maryland 20205

Phone: 301/496-7851

14. Individual Requesting Project: Same as 13.

15. Coordination and Review: Project concept and plan have been reviewed by the Deputy Director, NIADDK; Associate Director, Diabetes Endocrinology, and Metabolic Diseases; Associate Director, Program Planning and Evaluation; and staff of the Office of Program Planning and Evaluation, NIADDK. On-going oversight of the project will be by Associate Director, Program Planning and Evaluation, and staff of the Office of Program Planning and Evaluation on a semiannual schedule. This project was approved in FY 1981, but contract funds will not be expended until 1982.

16. Information Collection Burden: The appropriate Information Collection Burden form has been completed.

Project No.: NIAMDD 75-3

1. EDC ID No.:
2. Entry Dates:
3. Status: Complete

4. Project Title: Evaluation of Research Alternatives to Minimize SSA Medicare Costs for Dialysis Treatment
5. Report Title: Complications of Dialysis

6. Agency Sponsor: PHS-NIH-NIAMDD
7. Start/End Dates: 75/05, 80/08

8. Performer: Kidney, Urologic & Blood Diseases Program, NIADDK, NIH Bethesda, MD 20205

9. Agency Contact: Wineman, Robert J.; Westwood Bldg., Room 609, NIH; (301) 496-7571

10. Cost: FY 77-$35, FY 78-$5, FY 79-$5

11. Fund Source: S & E
12. Mechanism: In-House

13. Project No.: NIAMDD 75-3
14. Contract No.: NA

15. NTIS No.: X-NYD
16. ERIC No.: NA
17. Program(s) Evaluated:
SSA-Medicare-Hospital Insurance
PHS-NIH-Biomedical Research Grants and Contracts
PHS-NIH-Biomedical Research-Institute Specific-Arthritis, Diabetes, Digestive and Kidney Diseases
18. Evaluation Type: Program Management or Efficiency

19. Descriptors: Biomedical Research, Cost of Illness, Morbidity, Mortality, and Prevalence, Needs and Needs Assessment

20. Abstract: This project was set up to evaluate the most frequent causes of hospitalization in a large representative population of stable hemodialysis patients. The aim was to identify factors which interfere with rehabilitation in order to permit a reduction in costs and an improvement in the quality of life of the chronic maintenance dialysis population. The total population studied comprised 1,049 patients from five hemodialysis centers widely separated geographically, who were studied during a one-year period. Five hundred and nine of the patients were females and 540 were males. Mean age was 51 years and mean length of chronic hemodialysis therapy was 2.3 years. Fifty-one percent of the population was hospitalized at least once during the 12 month study. Vascular access-related problems constituted the greatest risk for hospitalization. Hospitalization due to infection, cardiovascular-related problems, i.e., myocardial infarction or congestive heart failure, pericarditis, or hypertension were next in frequency to vascular access-related problems. It is hoped that the recent publication of this study in the medical literature will stimulate additional investigator-initiated research in the field of blood access for improved treatment and diminished complications in hemodialysis patients. The Institute believes that any research planned or conducted in the area of vascular access should help to advance our knowledge, improve patients' clinical management, and contribute to diminishing the cost of hospitalization and treatment of end-stage renal disease.

Project No.: NIAMDD 77-1

1. EDC ID No.:
2. Entry Dates: 3.Status: Complete

4. Project Title: An Evaluation of Research Needs in Endocrinology and Metabolic Diseases
5. Report Title: An Evaluation of Research Needs in Endocrinology and Metabolic Diseases
6. Agency Sponsor: PHS-NIH-NIAMDD 7.Start/End Dates: 77/09, 80/12

8. Performer: Beth Israel Hospital, Boston, MA 02215, Sidney H. Ingbar; (617) 735-2028

9. Agency Contact: Salans, Lester B.; Building 31, Room 9A47, NIH; (301) 496-6983

10. Cost: FY 77-$65, FY 78-$177, FY 79-($153)

11. Fund Source: Evaluation 12.Mechanism: Contract
13. Project No.: NIAMDD 77-1 14.Contract No.: NO1-AM-7-2236

15. NTIS No.: X-NYD 16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Activity-Research Grants and Contracts
PHS-NIH-Biomedical Research-Institute Specific-Arthritis, Diabetes, Digestive and Kidney Diseases

18. Evaluation Type: Research and Data Development

19. Descriptors: Biomedical Research, Scientific Manpower, Needs and Needs Assessment

20. Abstract: The purpose of the project was to evaluate the fields of endocrinology and metabolic diseases, using these objectives: (1) highlight past accomplishments of research in these fields and relate them to improvements in human health and well-being; (2) summarize the current state of knowledge in these fields to provide background and documentation for recommendations for future directions and emphasis of research programs. The feasibility of research opportunities was assessed as well as the requirement for technical and methodological advances and manpower resources to implement them. An Advisory Committee was recruited, 17 topic areas were identified, and work group chairpersons designated. The topics explored were (1) cellular and molecular mechanisms of hormone action, (2) hormone biosynthesis, secretion, and metabolism, (3) aging, (4) cancer, (5) growth and development, (6) conception, reproduction, parturition, sexual differentiation, (7) bone and mineral metabolism, (8) thyroid, (9) energy metabolism and exchange, (10) lipid metabolism and atherosclerosis, (11) neuroendocrinology: behavior and brain function, (12) hypertension and cardiovascular-renal disease, (13) adrenal cortex: medulla and catecholamines; (14) metabolic diseases, (15) hormones in pharmacology and therapeutics; immunobiology, (16) anterior and posterior pituitary, (17) paraendocrine secretions. This project has been completed, with the exception of the receipt of the detailed technical reports from the seventeen task forces. It is felt that recommendations of this evaluation study will serve to guide many future research activities of the NIADDK.

Project No.: NIAMDD 77-3

1. EDC ID No.:

2. Entry Dates: 3. Status: Complete

4. Project Title: Evaluation of the Needs and Priorities of Dermatologic Research

5. Report Title: Analysis of Priorities and Needs for Research in Dermatology

6. Agency Sponsor: PHS-NIH-NIAMDD 7. Start/End Dates: 77/07, 80/07

8. Performer: University of Washington, Seattle, Washington 98195 (202) 543-5290; George F. Odland

9. Agency Contact: Miller, Laurence; Westwood Building, Room 407A, NIH; (301) 496-7326

10. Cost: FY 77-$124 ($64), FY 78-$126

11. Fund Source: Evaluation 12. Mechanism: Contract

13. Project No.: NIAMDD 77-3 14. Contract No.: NO1-AM-7-2215

15. NTIS No.: X-NYD 16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Activity-Research Grants and Contracts
PHS-NIH-Biomedical Research-Institute Specific-Arthritis, Metabolism and Digestive Diseases

18. Evaluation Type: Research and Data Development

19. Descriptors: Biomedical Research, Needs and Needs Assessment

20. Abstract: In its report on the Labor/DHEW Appropriations Bill for Fiscal Year 1977, the Senate Appropriations Committee recognized "the tremendous socioeconomic costs associated with dermatologic diseases" and directed the NIADDK to conduct "an analysis of the needs and priorities for dermatologic research." This has been done under this contract, and the final report of this analysis was published as a Supplement to the November, 1979, issue of The Journal of Investigative Dermatology, and has been broadly disseminated. The report focuses on eleven major research areas in skin biology and skin diseases which were selected by a Coordinating Committee of experts for study based on research activities and opportunities, societal needs and the clinical problems encountered by dermatologists. Each area was analyzed by a Special Study Group of experts, which reported on the prevalence and severity of the respective health problems; present status of prevention, treatment and cure; status of relevant fundamental and clinical research; and needs and opportunities for additional research. The report also contains a summary statement emphasizing current needs in the areas of manpower, technology, and collaborative efforts. The report as a whole provides an in-depth informed analysis of current problems, existing knowledge, treatment methods, and research needs and opportunities. It will serve to guide future planning for effective programming in dermatology research.

Project No.: NIAMDD 78-2

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of the Hematology Program of NIADDK in Relation to Identification of Research Needs

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NIAMDD

7. Start/End Dates: 78/09, 81/09

8. Performer: Albert Einstein College of Medicine, Yeshiva University, New York, New York, (Ernst R. Jaffee, M.D.)

9. Agency Contact: Badman, David G.; Westwood Building, Room 621, NIH; (301) 496-7458

10. Cost: FY 78-$100, FY 79-$75

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NIAMDD 78-2

14. Contract No.: NO1-AM-8-2219

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Activity-Research Grants and Contracts
PHS-NIH-Biomedical Research-Institute Specific-Arthritis, Diabetes, Digestive and Kidney Diseases

18. Evaluation Type: Research and Data Development

19. Descriptors: Biomedical Research, Needs and Needs Assessment

20. Abstract: The project was initiated to analyze the current state of research in hematology, identify gap areas and the technological advances needed to close them, assess the need for a detailed study of hematology research manpower, and evaluate the extramural hematology program of NIADDK in relation to the identified needs. The purpose of the evaluation is to (1) provide a rational basis for planning to meet the needs for fundamental and clinical research on hematologic diseases, (2) analyze and evaluate overlap with other NIH programs and the means for resolving any overlaps, (3) identify areas of research not receiving sufficient emphasis, (4) identify new or static areas of research that would benefit from stimulation, and (5) explore the need for a detailed study to assess manpower needs for research. The study will be supported by a contract under which a steering committee of consultants will oversee the activities of about ten work groups addressing areas of hematology research within NIAMDD's mission. Close coordination with the blood programs of other NIH BIDs will be maintained.

Project No.: NIAMDD 79-303

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Identification/Development of Methods for Evaluation of NIADDK Center Grant Programs

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NIAMDD

7. Start/End Dates: 81/06, 82-06

8. Performer: The Performance Development Institute

9. Agency Contact: Feinblatt, Joel D., Bldg. 31, Rm. 9A07, NIADDK, NIH (301) 496-6690

10. Cost: FY 81-$135

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NIAMDD 79-303

14. Contract No.: NO1-AM-1-2202

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Activity-Research Grants and Contracts
PHS-NIH-Biomedical Research-Institute Specific-Arthritis, Diabetes, Digestive and Kidney Diseases

18. Evaluation Type: Research and Data Development

19. Descriptors: Biomedical Research, Research and Evaluation Methods Feature

20. Abstract: The purpose of this project is to develop suitable methodologies, which may have to include new approaches, for evaluating the various centers programs of the Institute. These include: (1) specialized centers of research in specific areas such as obesity, peptic ulcer, liver disease, and urolithiasis (kidney stones); (2) core research centers, which provide support for shared facilities and feasibility research; and (3) multi-purpose centers that are engaged in a variety of complementary activities. Most of the center grants have one or more special features which involve more than the traditional research activities (research projects and research training) of the NIH. These special features include: (1) core support, (2) developmental and feasibility studies, (3) non-research training and other educational programs and projects, and (4) a translation component, including various community demonstration projects. In this study, methods will be developed for evaluating different components of these centers, as well as for assessing coordination among components within a single center and among centers within a program.

Project No.: NIAMDD 79-304

1. EDC ID No.:

2. Entry Dates:

3. Status: Deferred to FY 82/ Conditionally Approved

4. Project Title: Evaluation of Specialized Centers of Research (SCORs) in Urolithiasis in Relation to Program Goals

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NIAMDD

7. Start/End Dates: 81-10, 83-06

8. Performer: X-NYD

9. Agency Contact: Gladys Hirschman, M.D., Westwood Bldg., Rm. 621, NIH (301) 496-7571

10. Cost: FY 82-$180

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NIAMDD 79-304

14. Contract No.: X-NYD

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Activity-Research Grants and Contracts
PHS-NIH-Biomedical Research-Institute Specific-Arthritis, Diabetes, Digestive and Kidney Diseases

18. Evaluation Type: Program Management and Efficiency; Research and Data Development

19. Descriptors: Biomedical Research, Grant and Contract Management, Needs and Needs Assessment

20. Abstract: The purpose of the evaluation is to gain an understanding of whether the SCOR program is fulfilling objectives that provided the basis for their establishment; namely, to focus resources, interdisciplinary scientific expertise and facilities upon research into basic mechanisms responsible for urolithiasis and its multiple etiologies; to delineate effective therapy for patients and to develop rational methods for the prevention of kidney stone disease. The evaluation will provide the basis for determining whether the program should be expanded, contracted, or modified. Some of the questions to be answered include (1) is the SCOR mechanism more effective as a device to stimulate research in an area that has been lacking? (2) what impact do SCOR awards have on grantee institutions? and (3) how efficient is the SCOR program as a support mechanism as compared to the standard investigator-initiated research approach? To achieve the goals of the evaluation plan, the contractor must have considerable interaction with Institute staff and

individuals in the urolithiasis field; utilize progress reports of the SCOR projects; participate in site visits to SCOR grant applicants and recipients; and participate in analysis and review of other funding mechanisms in the support of research in urolithiasis. A questionnaire will be prepared and distributed to all medical school deans or directors of research, all chairmen of departments relating to the SCOR programs, and selected investigators independent of SCOR grants who are working on problems related to urolithiasis. This query will allow comparison of the perceptions regarding the efficiency of the SCOR versus the RO1 mechanism as viewed by a broad spectrum of the academic community. The final report produced by the contractor will be made available to all interested program managers and Program Planning Offices of NIH, the NIADDK Advisory Council, the membership of study sections responsible for reviewing grants related to urolithiasis, Institute staff, and members of the interested public. It is hoped that this evaluation can be used as a planning base for the Kidney Diseases and Urology Program in meeting its mission for support of research in urolithiasis (urinary stones). Other useful information that will be derived will relate to the impact of the SCORs on determining future manpower needs, of interest to the National Academy of Sciences in preparing its annual manpower study.

Project No.: NIAMDD 79-305

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Identification of Methods for Evaluation of Non-Research Activities of Multipurpose Arthritis Centers

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NIAMDD

7. Start/End Dates: 81/09, 82/09

8. Performer: X-NYD

9. Agency Contact: Hausman, Steve; Westwood Building, Room 403, NIH; (301) 496-7495

10. Cost: FY 81-$60

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NIAMDD 79-305

14. Contract No.: X-NYD

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Activity-Research Grants and Contracts
PHS-NIH-Biomedical Research-Institute Specific-Arthritis, Diabetes, Digestive and Kidney Diseases

18. Evaluation Type: Program Performance Evaluations

19. Descriptors: Biomedical Research, Grant and Contract Management, Research and Evaluation Planning and Administration

20. Abstract: This project is being initiated to identify appropriate methodologies for assessing the effectiveness of the education and community demonstration projects in the Multipurpose Arthritis Centers. Annual evaluation of these Centers is currently required by law, but suitable methods are not known to program staff at this time. While searching for evaluation procedures, the contractor will have to look at the program, its goals, and procedures. This assessment will show where the program can meet the requirement for annual evaluation and where changes need to be made. Such an assessment will also provide information critical for the planning and operation of the program. The contractor will submit a report presenting evaluation methods suitable for the education and community demonstration projects being carried out in the Centers; a description of other methods considered unsuitable; and an assessment of the program's evaluability. The final product will be used by NIADDK staff to evaluate the program and by Centers' personnel to guide Center-based evaluation activities. The report will be distributed to funded Centers and to institutions that are considering submitting applications for funding.

Project No.: NIAMDD 80-301

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of NIADDK Musculoskeletal Diseases Program

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NIAMDD

7. Start/End Dates: 81/06,83/06

8. Performer: X-NYD

9. Agency Contact: Gordon, Steve; Westwood Building, Room 2A03, NIH, (301) 496-7501

10. Cost: FY 81-$91, FY 82-$140

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NIAMDD 80-301

14. Contract No.: NO1-AM-1-2203

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Institute Specific-Arthritis, Diabetes, Digestive and Kidney Diseases

18. Evaluation Type: Program Performance Evaluation, Research and Data Development

19. Descriptors: Biomedical Research, Program Coordination, Research and Data Development

20. Abstract: This evaluation is being conducted to assess the effectiveness of the NIADDK Musculoskeletal Diseases Program in order to provide a foundation for improving research efforts. It will also provide an assessment of the health-care impact of selected medical technologies that have been developed with program resources. The contractor will convene evaluation groups (a Steering Committee, Task Groups, and a Plenary Group) having broad public and private membership in order to utilize their diverse expertise to determine evaluation strategy, select appropriate methodologies, establish a uniform format for all reports, define evaluation goals and procedures, and generation of the final report. The resultant report is intended to provide a foundation for improving research and operational effectiveness.

Project No.: NIAMDD 81-301

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluability Assessment of the NIADDK National Diabetes Information Clearinghouse

5. Report Title: NYD

6. Agency Sponsor: PHS-NIH-NIAMDD

7. Start/End Dates: 81/06, 82/02

8. Performer: NYD

9. Agency Contact: Lois Lipsett, Westwood Bldg., Room 628, NIADDK, NIH (301) 496-7433

10. Cost: FY 81-$50

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NIAMDD 81-301

14. Contract No.: NYD

15. NTIS No.: NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedic Research-Institute Specific-Arthritis, Diabetes, Digestive and Kidney Diseases

18. Evaluation Type: Program Performance Evaluation

19. Descriptors: Biomedical Research, Research and Evaluation Planning and Administration

20. Abstract: In its final report to the Congress, the National Commmission on Diabetes recommended establishment of a national diabetes clearinghouse as "the primary means of addressing the need for a central resource for educational materials and information on diabetes. In response to the Commission's report, NIADDK established the National Diabetes Information Clearinghouse within its Diabetes, Endocrine and Metabolic Diseases Program in September 1978. The Clearinghouse currently serves as the central focus for the collection and the dissemination of information about diabetes materials and programs and for encouraging and coordinating the preparation of new, accurate educational materials. The Institute believes this is an appropriate time to conduct an evaluability assessment to determine if a pilot or full-scale program performance evaluation would be possible, meaningful, and useful. The contractor will prepare a report detailing the following: (1) program objectives, as perceived by management, policymakers, other key individuals and groups; (2) program activities, which include direct interventions such as Institute staff with Clearinghouse staff; indirect interventions such as the Clearinghouse Advisory Committee; and program accountability, or activities through which the program reports performance to policymakers; and (3) program evidence, that is data that indicate the level and extent of program performance and productivity. Based on the results of this study, it is expected that management will either initiate an evaluation using the program description prepared by the contractor, or take steps to modify the description in order to make the program more evaluable.

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NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT

Dr. Betty Pickett, Acting Director

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Proposed Budget

	Dollars in Thousands FY 81	FY 82	FY 83
NICHD 80-305/306 Development of Objectives and Performance Indicators for NICHD Programs of Research for Mothers and Children and Population Research	7	5	--
NICHD 81-302 Stage 2 Evaluation of NICHD Sudden Infant Death Syndrome Research Program	--	20	--
NICHD 81-304 Stage 1 Evaluation of NICHD Intramural Research Program	--	70	--
NICHD 82-301 Evaluation of NICHD Research Resources Program	--	65	--
NICHD 82-302 Stage 2 Evaluation of NICHD Child and Adolescent Development Research Program	--	20	--
NICHD 82-303 Stage 2 Evaluation of NICHD Population Dynamics Research Program	--	20	--
Total FY 82 Set-Aside Fund Request		$200	

NICHD 81-302

1. Project Title: STAGE 2 EVALUATION OF NICHD SUDDEN INFANT DEATH SYNDROME RESEARCH PROGRAM - Using the program objectives and performance indicators developed in the evaluability assessment of this program (part of NICHD 80-305/306) to be completed in October of 1981, a Stage 2 evaluation of this program will be undertaken. The study will carefully examine the program objectives and performance measures developed by the current project to insure that they are in measurable terms. The project will then develop an overall study design and the protocols needed for the collection and analysis of the necessary data.

2. NIH Evaluation Project Number: NICHD 81-302

3. Agency Proposing: NIH-NICHD

4. Cost and Funding Source: Set-Aside Appropriation; FY 82 - $20,000

5. Program Evaluated: PHS-NIH-Biomedical Research (Sudden Infant Death Syndrome Research Program); PHS-NIH-Biomedical Research-Activity-Program Direction and Management; PHS-NIH-Biomedical Research-Activity-Research Grants and Contracts; and PHS-NIH-Biomedical Research-Institute Specific-Child Health and Human Development.

6. Purpose: In 1979 NICHD proposed, and had approved, projects to develop objectives and performance measures for all ten research programs of the Institute. NICHD now proposes to continue this evaluation effort by designing and setting up short-term (Stage 2) program performance evaluations of three of its research programs, including Sudden Infant Death Syndrome, in FY 1982. This would initiate an ongoing evaluation cycle in which the ten research programs, as well as the intramural research program and the administrative functioning of the Institute, are evaluated regularly every four years.

   The products of this project will make possible the conducting of a full-scale performance evaluation of this research program in FY 1983. The successful completion of such a full-scale evaluation will provide program and institute leaders with valuable information upon which to base decisions concerning the future management of this program.

7. Related Work: Similar efforts by NIDR, NEI, NIMH, and the National Institute of Justice have special relevance to this project. Likewise, a number of publications on the state of the art of the field of evaluation design and methodology will provide guidance to this effort. Despite their direct relevance to this project, no other studies could provide the needed specific design uniquely appropriate for the formal evaluation of this program.

8. Approach/Methodology: A major task to be undertaken before initiating the formal evaluation cycle is the examination of the performance measurements developed for the program, making sure that they are feasible and stated in measurable terms. Also, since there are likely to be multiple objectives for the program and specific performance

measures may relate to several objectives, an efficient, coordinated evaluation strategy must be evolved. With acceptable objectives, measures, and strategy in hand, the next step will be to develop appropriate protocols for the collection of the necessary data. If questionnaires are to be used to obtain the various data, instruments will be designed and pretested. Finally, an overall evaluation design will be precisely specified and fully explained to ensure that the subsequent formal evaluation of the program is consistent with the study intent and design. NICHD will award a contract to an expert in evaluation design to perform these tasks under the close supervision of a NICHD program leader and an evaluation staff member. This tripartite working arrangement will ensure that the work of the contractor is appropriately responsive to the objectives set forth in the Stage 1 evaluation.

9. Primary Intended Users: (b) The evaluation is intended to meet the information needs of the program managers and policy-makers responsible for the program being evaluated in order to improve the efficiency/ effectiveness of that program.

10. Application and Utilization of Findings: The leadership of the program and Institute will utilize the findings of the project to plan and direct the future activities of the program. The final product of this project will be disseminated to all NICHD program managers and policy-makers, and copies of the evaluation design will be distributed to appropriate NIH, PHS, and DHHS officials. Information copies of the final product will be available upon request.

11. Date Project Description Prepared: May 22, 1981

12. Execution: The project will be performed largely by an outside expert contractor under the close supervision of a program staff member and a member of the Institute's evaluation staff. In addition to providing evaluation methodology expertise, the outside contractor will bring a fresh, less biased perspective to the project. The use of an outside contractor is also necessary because DHHS policy concerning the use of set-aside evaluation funds precludes hiring of in-house staff. The project will be administered by NIH/NICHD/OPE. It is anticipated that both the project and contract will begin in December of 1981 and be completed in May of 1982. The end product of the study will be a complete design for a full-scale program performance evaluation of this program.

13. Project Monitor/Contact: George W. Gaines, NICHD Evaluation Officer, Bldg. 31, Room 2A-16, National Institutes of Health, Bethesda, Maryland 20205; (301) 496-1877

14. Individual Requesting Project: James G. Hill, Chief, NICHD Office of Planning and Evaluation

15. Coordination: This project was reviewed and approved by NICHD, NIH, PHS, and DHHS evaluation staff in FY 81, but not inititated. Appropriate NIH, PHS, and DHHS evaluation officials will be asked to lend their knowledge and experience to this effort by reviewing and commenting on the project as it is developed and implemented. In addition to the Institute's standing contract procurement policies and procedures, various evaluation officials will be asked to provide a formal technical review of the project's statement of work and the selection of the contractor.

16. Information Collection Burden: At this time it is unknown whether or not the project will involve collecting identical data from ten or more persons in fiscal year 1982.

NICHD 81-304

1. Project Title: STAGE 1 EVALUATION OF NICHD INTRAMURAL RESEARCH PROGRAM - As part of its four-year evaluation cycle, the NICHD intramural research program is scheduled to be evaluated in FY 1984. To prepare for the full evaluation, NICHD proposes to initiate a Stage 1 study of the program in FY 1982. Consistent with procedures utilized in prior Stage 1 studies, this project will convene a panel of NICHD staff and outside experts to develop agreed-upon program objectives and performance indicators. The NICHD Board of Scientific Counselors will be involved in the development of this project.

2. NIH Evaluation Project Number: NICHD 81-304

3. Agency Proposing: NIH-NICHD

4. Cost and Funding Source: Set-Aside Appropriations; FY 82 - $70,000

5. Program Evaluated: PHS-NIH-Biomedical Research-Activity-Intramural Research; PHS-NIH-Biomedical Research-Activity-Program Direction and Management; and PHS-NIH-Biomedical Research-Institute Specific-Child Health and Human Development.

6. Purpose: This evaluability assessment will attempt to establish agreed-upon program objectives and performance measures for the NICHD intramural research program. Given the nature and structure of that program, it may be very difficult, or perhaps not feasible, to achieve this goal. However, the Institute is committed to making a serious effort to accomplish the project's objectives. The products of this effort, and those of a subsequent Stage 2 project, will become the basis for a full evaluation of the program scheduled for FY 1984.

7. Related Work: The recent evaluability assessment experience of NEI, NINCDS, and NIDR are relevant to the development and conduct of this study. Also, the NICHD current project to develop program objectives and performance indicators for its ten research programs (NICHD 80-305 and 306) will provide useful experience in designing and conducting such an effort. Despite their direct relevance to this project, no other studies could provide the needed specific design uniquely appropriate for the evaluability assessment of this program.

8. Approach/Methodology: The development and execution of this project will be directed by a project committee selected by the NICHD Director and composed of NICHD intramural and extramural program leaders, members of the NICHD Board of Scientific Counselors, and outside scientists expert in fields relevant to the intramural research program. NICHD evaluation, planning, and administrative staff will provide support to the project committee.

   To provide a detailed overview of the organization, functions and research activities of the intramural research program, the members of the project committee will be provided copies of the program's Annual Reports for the period 1975-1980, meet with intramural program

leaders, and make a series of intramural laboratory "site visits." Armed with these insights into the program, the project committee will seek to (1) develop an agreed-upon definition of the overall intramural program and its components, (2) establish agreed-upon objectives for the overall program and its various components, and (3) reach an agreement on specific performance indicators which would be appropriate to measure the progress of the program and its components in achieving its stated objectives. It is envisioned that the project committee will need to regularly meet together and with expert consultants over the 12-month life of the project. This approach was designed to ensure that the opinions of a cross-section of the research community are expressed and considered in the development of objectives and performance measures for the program.

9. Primary Intended Users: (b) The evaluation is intended to meet the information needs of the program managers and policy-makers responsible for the program being evaluated in order to improve the efficiency/effectiveness of that program.

10. Application and Utilization of Findings: The leadership of the program and Institute will utilize the findings of this project as the basis for the development of a Stage 2, and subsequent full-scale performance evaluation of this program. The final products of this project will be disseminated to all NICHD program managers and policy-makers, and copies of the project final report will be distributed to appropriate NIH, PHS, and DHHS officials. Information copies of the final report will be available upon request.

11. Date Project Description Prepared: May 22, 1981

12. Execution: It is anticipated that the project and various professional services contracts with outside experts will begin in October of 1981 and be completed by September of 1982. The use of outside consultants is necessary because DHHS policy concerning the use of set-aside evaluation monies precludes hiring of in-house staff. In addition, it is necessary to include outside perspectives and perceptions in developing the end product of agreed-upon objectives and performance measures for this program. The study will be administered by NIH/NICHD/OPE.

13. Project Monitor/Contact: George W. Gaines, NICHD Evaluation Officer, Bldg. 31, Room 2A-16, National Institutes of Health, Bethesda, Maryland 20205, (301) 496-1877

14. Individual Requesting Project: Norman Kretchmer, M.D., Ph.D., NICHD Director

15. Coordination: This project was reviewed and approved by NIH, PHS, and DHHS evaluation staff in FY 81, but not initiated. Appropriate NIH, PHS, and DHHS evaluation officials will be asked to lend their

knowledge and experience to this effort by reviewing and commenting on the project as it is developed and implemented. In addition to the Institute's standing contract procurement policies and procedures, various evaluation officials will be asked to provide an additional technical review of the contracts' statements of work.

16. Information Collection Burden: It is not anticipated that this project will involve collecting identical data from ten or more persons in fiscal year 1982.

NICHD 82-301

1. Project Title: EVALUATION OF NICHD RESEARCH RESOURCES PROGRAM - The six NICHD projects designed to supply research materials or resources to investigators will be evaluated for their impact on the scientific community. The study will assess their perceived value, the availability of alternative sources, and will develop recommendations on the future of these projects.

2. NIH Evaluation Project Number: NICHD 82-301

3. Agency Proposing: NIH-NICHD

4. Cost and Funding Source: Set-Aside Appropriation; FY 82 - $65,000

5. Program Evaluated: PHS-NIH-Biomedical Research-Activity-Program Direction and Management; PHS-NIH-Biomedical Research-Activity-Research Grants and Contracts; and PHS-NIH-Biomedical Research-Institute Specific-Child Health and Human Development

6. Purpose: NICHD presently supports six projects which provide research materials and resources to investigators. The cost of these six projects currently totals $1.2 million. With this program having grown to this size, it is imperative that the Institute assess the utility, value, and effectiveness of these projects. NICHD proposes to evaluate these resource projects to determine (1) the impact of the program on the scientific community; (2) the perceived value of the program; (3) the effectiveness of the projects; and (4) the availability of alternative sources of support. The findings of the evaluation will provide program managers and Institute policy-makers with useful information and recommendations upon which to base decisions regarding the future management of this program.

7. Related Work: To the Institute's knowledge, no evaluations have been developed or performed which would provide a methodological design appropriate for this project. In developing the specific study design, related work and the expertise of the NIH Division of Research Resources will be reviewed and utilized.

8. Approach/Methodology: The project will be the responsibility of NICHD program and evaluation staff members, and will have the support of an outside contractor and various expert consultants. Data will be collected on the resources users, their research, and the impact that the resources have on their work. These data will be generated by examining user logs to determine patterns of demand and research records of the investigators who use the resources to obtain a profile of users. Those investigators using the resources will be asked to indicate the proportion of their work which relies on the resources, and their perception of its impact on their research. Researchers will also be asked to estimate the impact of the removal of the resources, as well as the effectiveness of the projects in meeting their needs. From these data a profile of users can be obtained that will include information on the quality and quantity of work attributable to the

resource, and an estimate of the total impact of the resource on work in this area. These data will be reviewed by a peer panel, which will then site visit the resources for validation purposes.

In addition, the project will assess the availability, cost, and potential for the development of alternative sources for the resources. This approach was selected because it provides a simple, straightforward method for evaluating this program.

9. Primary Intended Users: (b) The evaluation is intended to meet the information needs of the program managers and policy-makers responsible for the program being evaluated in order to improve the efficiency/effectiveness of that program.

10. Application and Utilization of Findings: The leadership of the program and Institute will utilize the findings of the project to plan and direct the future activities of the program. The final report of the project will be disseminated to all NICHD program managers and policy-makers, and copies of the final report will be distributed to appropriate NIH, PHS, and DHHS officials. Information copies of the final product will be available upon request.

11. Date Project Description Prepared: May 22, 1981. This project is a revision of NICHD 81-306 submitted as part of the NICHD FY 81 Evaluation Plan. At that time PHS and ASPE staff sought further information on the methodology of that project. The NICHD has redesigned the original project and is resubmitting it as a new project for FY 82 review and approval.

12. Execution: It is anticipated that the project, the support contract, and the several professional services contracts with expert consultants will all begin in January of 1982 and conclude by the end of December of 1982. The use of the contract mechanism for a support contractor and various professional services contractors is necessary because of the need to augment the NICHD evaluation and program staff to perform this project, and the DHHS policy prohibiting the use of set-aside evaluation funds to hire in-house staff. The project will be administered by NIH/NICHD/OPE. The end product of the study will be a final report providing the findings and recommendations of the project.

13. Project Monitor/Contact: George W. Gaines, NICHD Evaluation Officer, Bldg. 31, Room 2A-16, National Institutes of Health, Bethesda, Maryland 20205; (301) 496-1877

14. Individual Requesting Project: James G. Hill, Chief, NICHD Office of Planning and Evaluation

15. Coordination: This project has been reviewed by NICHD evaluation and program staff. Appropriate NIH, PHS, and DHHS evaluation officials will be asked to lend their knowledge and experience to this effort by reviewing and commenting on the project as it is developed and

implemented. In addition to the Institute's standing contract procurement policies and procedures, various evaluation officials will be asked to provide a formal technical review of the project's statement of work and the selection of the support contractor.

16. Information Collection Burden: At this time it is unknown whether or not the project will involve collecting identical data from ten or more persons in fiscal year 1982.

NICHD 82-302

1. Project Title: STAGE 2 EVALUATION OF NICHD CHILD AND ADOLESCENT DEVELOPMENT RESEARCH PROGRAM - Using the program objectives and performance indicators developed in the evaluability assessment of this program (part of NICHD 80-305/306) to be completed in October of 1981, a Stage 2 evaluation of this program will be undertaken. The study will carefully examine the program objectives and performance indicators developed by the current project to ensure that they are in measurable terms. The project will then develop an overall study design and the protocols needed for the collection and analysis of the necessary data.

2. NIH Evaluation Project Number: NICHD 82-302

3. Agency Proposing: NIH-NICHD

4. Cost and Funding Source: Set-Aside Appropriation; FY 82 - $20,000

5. Program Evaluated: PHS-NIH-Biomedical Research (Child and Adolescent Development Research Program); PHS-NIH-Biomedical Research-Activity-Program Direction and Management; PHS-NIH-Biomedical Research-Activity-Research Grants and Contracts; and PHS-NIH-Biomedical Research-Institute Specific-Child Health and Human Development.

6. Purpose: In 1979 NICHD proposed, and had approved, projects to develop objectives and performance measures for all ten research programs of the Institute. NICHD now proposes to continue this evaluation effort by designing and setting up short-term (Stage 2) program performance evaluations of three of its research programs, including Child and Adolescent Development, in FY 1982. This would initiate an ongoing evaluation cycle in which the ten research programs, as well as the intramural research program and the administrative functioning of the Institute, are evaluated regularly every four years.

   The products of this project will make possible the conducting of a full-scale performance evaluation of this research program in FY 1983. The successful completion of such a full-scale evaluation will provide program and Institute leaders with valuable information upon which to base decisions concerning the future management of this program.

7. Related Work: Similar efforts by NIDR, NEI, and NIMH have special relevance to this project. Also, recent work by the National Institute of Justice will be helpful in the successful implementation of the project. Likewise, a number of publications on the state of the art of the field of evaluation design and methodology will provide useful guidance to this effort. Despite their direct relevance to this project, no other studies could provide the needed specific design uniquely appropriate for the formal evaluation of this program.

8. Approach/Methodology: A major task to be undertaken before initiating the formal evaluation cycle is the examination of the performance measurements developed for the program, making sure that they are

feasible and stated in measurable terms. Also, since there are likely to be multiple objectives for the program and specific performance measures may relate to several objectives, an efficient, coordinated evaluation strategy must be evolved. With acceptable objectives, measures, and strategy in hand, the next step will be to develop appropriate protocols for the collection of the necessary data. If questionnaires are to be used to obtain the various data, instruments will be designed and pretested. Finally, an overall evaluation design will be precisely specified and fully explained to ensure that the subsequent formal evaluation of the program is consistent with the study intent and design.

NICHD proposes to award a contract to an expert in evaluation design to perform these tasks under the close supervision of a program staff member and a person from the NICHD Office of Planning and Evaluation. This tripartite working arrangement will ensure that the work of the contractor is appropriately responsive to the objectives set forth in the Stage 1 evaluation.

9. Primary Intended Users: (b) The evaluation is intended to meet the information needs of the program managers and policy-makers responsible for the program being evaluated in order to improve the efficiency/ effectiveness of that program.

10. Application and Utilization of Findings: The leadership of the program and Institute will utilize the findings of the project to plan and direct the future activities of the program. The final product of this project will be disseminated to all NICHD program managers and policy-makers and copies of the evaluation design will be distributed to appropriate NIH, PHS, and DHHS officials. Information copies of the final product will be available upon request.

11. Date Project Description Prepared: May 22, 1981

12. Execution: The project will be performed largely by an outside expert contractor under the close supervision of a program staff member and a member of the Institute's evaluation staff. In addition to providing evaluation methodology expertise, the outside contractor will bring a fresh, less biased perspective to the project. The use of an outside contractor is also necessary because DHHS policy concerning the use of set-aside evaluation funds precludes hiring of in-house staff. The project will be administered by NIH/NICHD/OPE. It is anticipated that the project and contract will both begin in December of 1981 and be completed in May of 1982. The end product of the study will be a complete design for a full-scale program performance evaluation of this program.

13. Project Monitor/Contact: George W. Gaines, NICHD Evaluation Officer, Bldg. 31, Room 2A-16, National Institutes of Health, Bethesda, Maryland 20205; (301) 496-1877

14. Individual Requesting Project: James G. Hill, Chief, NICHD Office of Planning and Evaluation

15. Coordination: This project has been reviewed by NICHD planning, evaluation, and program staff. Two similar projects (NICHD 81-301 and NICHD 81-303) were reviewed and approved last year by NIH, PHS, and DHHS evaluation officials. Appropriate NIH, PHS, and DHHS evaluation staff will be asked to lend their knowledge and experience to this effort by reviewing and commenting on the project as it is developed and implemented. In addition to the Institute's standing contract procurement policies and procedures, various evaluation officials will be asked to provide a formal technical review of the project's statement of work and the selection of the contractor.

16. Information Collection Burden: At this time it is unknown whether or not the project will involve collecting identical data from ten or more persons in fiscal year 1982.

NICHD 82-303

1. Project Title: STAGE 2 EVALUATION OF NICHD POPULATION DYNAMICS RESEARCH PROGRAM - Using the program objectives and performance indicators developed in the evaluability assessment of this program (part of NICHD 80-305/306) to be completed in October of 1981, a Stage 2 evaluation of this program will be undertaken. The study will carefully examine the program objectives and performance indicators developed by the current project to ensure that they are in measurable terms. The project will then develop an overall study design and the protocols needed for the collection and analysis of the necessary data.

2. NIH Evaluation Project Number: NICHD 82-303

3. Agency Proposing: NIH-NICHD

4. Cost and Funding Source: Set-Aside Appropriation; FY 82 - $20,000

5. Program Evaluated: PHS-NIH-Biomedical Research (Population Dynamics Research Program); PHS-NIH-Biomedical Research-Activity-Program Direction and Management; PHS-NIH-Biomedical Research-Activity-Research Grants and Contracts; and PHS-NIH-Biomedical Research-Institute Specific-Child Health and Human Development.

6. Purpose: In 1979 NICHD proposed, and had approved, projects to develop objectives and performance measures for all ten research programs of the Institute. NICHD now proposes to continue this evaluation effort by designing and setting up short-term (Stage 2) program performance evaluations of three of its research programs, including Population Dynamics, in FY 1982. This would initiate an ongoing evaluation cycle in which the ten research programs, as well as the intramural research program and the administrative functioning of the Institute, are evaluated regularly every four years.

   The products of this project will make possible the conducting of a full-scale performance evaluation of this research program in FY 1983. The successful completion of such a full-scale evaluation will provide program and Institute leaders with valuable information upon which to base decisions concerning the future management of this program.

7. Related Work: Similar efforts by NIDR, NEI, and NIMH have special relevance to this project. Also, recent work by the National Institute of Justice will be helpful in the successful implementation of the project. Likewise, a number of publications on the state of the art of the field of evaluation design and methodology will provide useful guidance to this effort. Despite their direct relevance to this project, no other studies could provide the needed specific design uniquely appropriate for the formal evaluation of this program.

8. Approach/Methodology: A major task to be undertaken before initiating the formal evaluation cycle is the examination of the performance measurements developed for the program, making sure that they are feasible and stated in measurable terms. Also, since there are likely

to be multiple objectives for the program and specific performance measures may relate to several objectives, an efficient, coordinated evaluation strategy must be evolved. With acceptable objectives, measures, and strategy in hand, the next step will be to develop appropriate protocols for the collection of the necessary data. If questionnaires are to be used to obtain the various data, instruments will be designed and pretested. Finally, an overall evaluation design will be precisely specified and fully explained to ensure that the subsequent formal evaluation of the program is consistent with the study intent and design.

NICHD proposes to award a contract to an expert in evaluation design to perform these tasks under the close supervision of a program staff member and a person from the NICHD Office of Planning and Evaluation. This tripartite working arrangement will ensure that the work of the contractor is appropriately responsive to the objectives set forth in the Stage 1 evaluation.

9. Primary Intended Users: (b) The evaluation is intended to meet the information needs of the program managers and policy-makers responsible for the program being evaluated in order to improve the efficiency/ effectiveness of that program.

10. Application and Utilization of Findings: The leadership of the program and institute will utilize the findings of the project to plan and direct the future activities of the program. The final product of this project will be disseminated to all NICHD program managers and policy-makers and copies of the evaluation design will be distributed to appropriate NIH, PHS, and DHHS officials. Information copies of the final product will be available upon request.

11. Date Project Description Prepared: May 22, 1981

12. Execution: The project will be performed largely by an outside expert contractor under the close supervision of a program staff member and a member of the Institute's evaluation staff. In addition to providing evaluation methodology expertise, the contractor will bring a fresh, less biased perspective to the project. The use of an outside contractor is also necessary because DHHS policy concerning the use of set-aside evaluation funds precludes hiring of in-house staff. The project will be administered by NIH/NICHD/OPE. It is anticipated that the project and contract will both begin in December of 1981 and be completed in May of 1982. The end product of the study will be a complete design for a full-scale program performance evaluation of this program.

13. Project Monitor/Contact: George W. Gaines, NICHD Evaluation Officer, Bldg. 31, Room 2A-16, National Institutes of Health, Bethesda, Maryland 20205; (301) 496-1877

14. Individual Requesting Project: James G. Hill, Chief, NICHD Office of Planning and Evaluation

15. Coordination: This project has been reviewed by NICHD planning, evaluation, and program staff. Two similar projects (NICHD 81-301 and NICHD 81-303) were reviewed and approved last year by NIH, PHS, and DHHS evaluation officials. Appropriate NIH, PHS, and DHHS evaluation staff will be asked to lend their knowledge and experience to this effort by reviewing and commenting on the project as it is developed and implemented. In addition to the Institute's standing contract procurement policies and procedures, various evaluation officials will be asked to provide a formal technical review of the project's statement of work and the selection of the contractor.

16. Information Collection Burden: At this time it is unknown whether or not the project will involve collecting identical data from ten or more persons in fiscal year 1982.

Project No.: NICHD 80-305/306

1. EDC ID No.:
2. Entry Dates: 3. Status: Ongoing

4. Project Title: Development of Objectives & Performance Indicators for NICHD Programs of Research for Mothers and Children and Population Research
5. Report Title: X-NYD
6. Agency Sponsor: PHS-NIH-NICHD 7. Start/End Dates: 80-02,81-12

8. Performer: Information Planning Associates, Inc.; 656 Quince Orchard Road, Gaithersburg, Md. 20760 (301) 948-0740

9. Agency Contact: Janyce E. Notopoulos; NIH, Building 31, Room 2A-08, Bethesda, Md. 20205 (301) 496-1877

10. Cost: FY 80-$220, FY 81-$7, FY 82-$5
11. Fund Source: Evaluation 12. Mechanism: Contract

13. Project No.: NICHD 80-305/306 14. Contract No.: NO1-HD-0-2807

15. NTIS No.: X-NYD 16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Activity-Program Management
PHS-NIH-Biomedical Research-Activity-Research Grants and Contracts
PHS-NIH-Biomedical Research-Institute Specific-NICHD

18. Evaluation Type: Research and Data Development

19. Descriptors: Biomedical Research, Children and Youth, Family, Grant and Contract Management, Management Information & Reporting, Maternal & Child Health, Research & Evaluation Methods Feature, Research & Evaluation Planning and Administration

20. Abstract: This project will develop program objectives and performance indicators for all ten of NICHD's research programs. These programs will provide the foundation for the scheduled full-scale evaluation of each of the Institute's research programs. The project is the responsibility of a steering committee composed of a large number of institute program leaders and policy-makers, and several outside expert consultants. Each of the ten program areas has been reviewed by a study group composed of an outside consultant expert in that field and a NICHD extramural program leader and, in most cases, a NICHD intramural leader in that field as well. An outside contractor has been selected to support the work of the steering committee and the ten study groups. The individual program area study group reports have been reviewed for scientific content by a standing research review committee or ad hoc review committee, and for policy by the steering committee. The project's final report will include an NICHD evaluation and implementation plan, plus a state-of-the-science and research gaps and opportunities assessment, and program objectives and performance indicators for each of the ten research programs of the Institute.

11

NATIONAL INSTITUTE OF DENTAL RESEARCH

Dr. David B. Scott, Director

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Proposed Budget

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NIDR 77-8	Evaluation of the Craniofacial Anomalies Research Activities	10	--	--
NIDR 82-301	Assessment of Selected Objectives Associated With Dental Research Institutes	--	50	50
NIDR 82-302	Evaluation of the Restorative Materials Research Activities	--	250	50
NIDR 83-301	Evaluation of the Soft Tissue Stomatology and Nutrition Research Activities	--	--	275
	Total Set-Aside Fund Request		$300	

1. Project Title:

   Assessment of Selected Objectives Associated with Dental Research Institutes.

2. NIH Evaluation Project Number:

   NIDR 82-301

3. Agency Proposing: NIH-NIDR

4. Cost and Funding Source:

   Set-aside

FY 82	$50,000
FY 83	$50,000

5. Program Evaluated:

   Dental Research Institutes

   PHS-NIH Biomedical Research - Activity - Research Grants

   PHS-NIH Biomedical Research - Institute - Specific - Dental short-term evaluation

6. Purpose:

   a. Program performance evaluation; short-term evaluation

   b. There are five Dental Research Institutes and Centers (DRICs) funded by the NIDR. There is no difference between an institute and a center. All DRICs are categorized as P50 grants. Initiated in the 1960s, these DRICs are non-categorical, university-based centers. Their original task was to bring to fruition a vigorous program which would broaden dental research and graduate training base and enrich the environment in the nation's dental schools.

      During FY 1980, these DRICs supported 105 collaborative research projects, and their senior investigators published 296 scientific papers (excluding abstracts) and had an additional 181 papers accepted for publication. Research training was provided for 49 research associates through direct participation in the research activities. Center investigators also served as preceptors for 69 fellows, many of whom conducted their research in the DRICs.

      Program goals, objectives, and evaluation criteria were reviewed and updated at a meeting held in April 1980. The long-range goal of the DRICs is to broaden and strengthen the scientific

base which underlies the national capability to improve oral health. Some of the objectives include supporting research of the highest scientific quality, fostering research which utilizes existing institutional strengths as well as new resources, fostering multidisciplinary and interdisciplinary research, and developing new manpower resources.

This evaluation effort will focus primarily upon the objective of fostering multidisciplinary and interdisciplinary research. The major issue to be addressed is the effectiveness and efficiency of the DRICs relative to this objective. In evaluating the DRICs' attainment of this objective, consideration must be given to the other objectives since there is overlap between them. The DRICs will be compared to other similar but non-DRIC-funded university-based research environments and differences and similarities between the two research environments will be noted. The impact of this evaluation should provide the NIDR with insight regarding the administration of research given certain key program goals. The results may lead to policy and program decisions.

7. Related Work:

The Rand Corporation in 1977 completed a comparison of large grants and research project grants awarded by the NIH. This study considered the major goals of the large grants and used those goals in the study design. The NIDR DRICs were reviewed. It was found that 1) the DRICs had succeeded in involving a broader segment of the research community in dental-related research programs; 2) the percentage of articles written by interdisciplinary project teams was greater under the DRICs than the R01 grants; and 3) the DRICs published more in biomedical journals and less in dentistry journals. These findings, in addition to others in the Rand Corporation comparison, are being considered in the design of the current proposed evaluation project.

The application, annual, and site visit reports will also provide a wealth of information. In addition, a review of the potential contribution of the BID data/set of publications developed by the NIH-OD-OPPE will be done to assess the use of the data/set as a primary source for a citation analysis.

The approaches used and the findings of evaluations of other center grant programs at NIH have been reviewed and have been considered in the design of this evaluation as well.

8. Approach/Methodology:

The questions to be answered will be approached from a comparison perspective. For example, have the DRICs achieved a given objective to the same degree or better than other funding mechanisms? With the specific objective mentioned in 6b, a citation analysis will be utilized.

Non-DRIC-funded, university-based research environments will be selected. Criteria for their selection will include such considerations as the number and type of investigators, the nature of the research projects, and the duration of the research environment's existence. These criteria along with others will be used in order to assure the selection of environments as comparable as possible to the DRICs' environments.

It is anticipated that a citation analysis as the first step in comparing the two environments will unfold the need to follow through with specific evaluation questions. The findings of the citation analysis will also add to a larger review of the DRICs that will be initiated as an in-house project. This latter effort will include the review of the DRICs' files and documents.

9. Primary Intended Users:

The evaluation is intended to meet the information needs of the program managers and policy-makers responsible for the program being evaluated in order to improve the efficiency/effectiveness of that program.

10. Application and Utilization of Findings:

The results of this evaluation are expected to contribute to the more efficient and effective administration of our research activities. The present plans for dissemination and utilization include the Director, NIDR, National Advisory Dental Research Council, NIDR Special Grants Review Committee, relevant committees reviewing grant applications, NIDR professional staff,and the dental research community involved in such projects or potentially involved in such projects.

11. Date Project Description Prepared:

This is a revision of a previous submission in the FY 81 Evaluation Plan.

12. Execution:

This project will be administered by NIH-NIDR through the contract mechanism due to the fact that in-house expertise in citation analysis is not available. The evaluation design will be completed by 1/82, performance information will be available by 6/83 in the form of a report, and the program performance summary will be completed 12/83.

13. Project Monitor/Contact:

Dr. Dushanka V. Kleinman
Evaluation Officer
National Institute of Dental Research
Building 31, Rm. 2C35
Telephone: 496-6705

14. Individual Requesting Project:

Director, NIDR

15. Coordination:

To date, the project has been reviewed by the Director, NIDR, NIDR professional staff, NIDR Special Grants Review Committee, and the National Advisory Dental Research Council. These individuals will also participate in the project oversight. The NIH, OD, OPPE will be consulted to assure coordination with other NIH Center evaluation studies.

16. Information Collection Burden: NK

NIDR 82-302

1. Project Title:

   Evaluation of the NIDR Restorative Materials Research Activities

2. NIH Evaluation Project Number:

   NIDR 82-302

3. Agency Proposing: NIH-NIDR

4. Cost and Funding Source:

   Set-aside

FY 82	$250,000
FY 83	$ 50,000

5. Program Evaluated:

   Restorative Materials Research Activities

   PHS-NIH Biomedical Research - Activity - Intramural Research

   PHS-NIH Biomedical Research - Institute - Specific - Dental, Short-term evaluation

6. Purpose:

   a. Program performance evaluation; short-term evaluation

   b. A general evaluation of the research supported by the NIDR will be administered. The research falls into seven categories: 1) restorative filling materials for repairing teeth; 2) bonding agents, adhesive coatings and cements; 3) intraoral and maxillofacial prosthesis; 4) artificial tooth implants; 5) materials and techniques for improved root canal therapy; 6) transplants and replants of natural teeth; and 7) improved restorative materials for prevention. The purpose of the evaluation is to assess the contributions of NIDR-funded research to non-NIDR-funded research as well as to biomedical research in general; research progress to date; key accomplishments; and research gaps. Recommendations regarding future research needs and opportunities will be made.

      This evaluation will continue the NIDR's effort to evaluate all of its categorical research programs. The major impact of these evaluations is to improve the efficiency and effectiveness of each program, to assure that the science is progressing, to specify the role of NIDR for each research area in regards to the role(s) of other funding sources, and to provide support for our research planning endeavors.

7. Related Work:

The evaluations of the Periodontal Diseases Program, National Caries Program,and Craniofacial Anomalies Research Activities have provided an experience base for future evaluations. Each evaluation has evolved from the previous ones, and the approach has been adjusted accordingly. Unnecessary steps have been omitted; others have been added or expanded upon.

The development of the NIDR Long-Range Plan will impact upon the approach to be taken in this evaluation. State-of-the-science papers are currently being developed for each NIDR program that addresses the components to be considered in this evaluation (6b). These papers and the final document of the NIDR Long-Range Plan will provide a base for this and future evaluations. The findings of the future evaluations will in turn contribute to updates of the Plan.

Research goals and objectives have been developed during FY 1980. These address all the research areas and will play a crucial role in the evaluation methodology. The long-range goal of the Restorative Materials Program is the improvement of oral health through research on dental biomaterials and associated technology. The objectives address the development of new and the improvement of existing materials.

8. Approach/Methodology:

The NIDR Restorative Materials Research Activities include those projects which are funded extramurally by grants and contracts, and conducted intramurally. Individual projects, funded during the 1974 to present time period, will be abstracted and classified according to the goals and objectives of the program. Panels of scientific experts will first review these classified projects in response to questions directed toward each research objective, then to each goal, and finally at the program level. The program level review will assess the recommendations resulting from the research goals and objectives in light of the NIDR program, the NIH,and the research community involved in restorative materials research not funded by the NIDR (i.e., industry-sponsored research).

This approach has been successful in providing both scientific and programmatic recommendations in the past. Experts representing all the research areas will be recruited for participation in this evaluation.

9. Primary Intended Users:

The evaluation is intended to meet the information needs of the program managers and policy-makers responsible for the program being evaluated in order to improve the efficiency/effectiveness of that program.

10. Application and Utilization of Findings:

The results of this study are anticipated to directly contribute to program management, the research plan, the research community, and ultimately the general public. In addition, future research needs and opportunities will be highlighted and documented. The present plans for dissemination and utilization include the Director, NIDR, National Advisory Dental Research Council, relevant committees reviewing grant applications, NIDR professional staff, and the dental research community involved or potentially involved in such projects.

11. Date Project Description Prepared: 5/81

12. Execution:

The contract mechanism will be used. The one-time use of unbiased, scientific expertise not available in-house is critical to the evaluation design. In addition, there is insufficient manpower to manage such a project without the support of a contract. The evaluation design will be completed by 4/82, performance information will become available in the form of a report by 9/83, and the program performance summary will be completed 3/84.

13. Project Monitor/Contact:

Dr. Dushanka V. Kleinman
Evaluation Officer
National Institute of Dental Research
Building 31, Rm. 2C35
Telephone: 496-6705

14. Individual Requesting Project:

Director, NIDR

15. Coordination:

The project concept has been reviewed by the Director, NIDR, NIDR professional staff, and the National Advisory Dental Research Council. These individuals will also participate in the project oversight.

16. Information Collection Burden: NK

NIDR 83-301

1. Project Title:

   Evaluation of the NIDR Soft Tissue Stomatology and Nutrition Research Activities

2. NIH Evaluation Project Number:

   NIDR 83-301

3. Agency Proposing: NIH-NIDR

4. Cost and Funding Source:

   Set-aside

   FY 83 $275,000

5. Program Evaluated:

   Soft Tissue Stomatology and Nutrition Research Activities

   PHS-NIH Biomedical Research - Activity - Intramural Research

   PHS-NIH Biomedical Research - Institute - Specific - Dental, short-term evaluation

6. Purpose:

   a. Program performance evaluation; short-term evaluation

   b. The Soft Tissue Stomatology and Nutrition Program supports research in four major areas: oral soft tissue diseases, nutrition, salivary glands and their secretions, and mineralization. The major objectives (developed in FY 1980) of the program are to obtain knowledge of a) the etiology, diagnosis, treatment, and prevention of oral soft tissue diseases and disorders, b) the role of nutrition in the growth, maintenance, function, and health of hard and soft tissues of the craniofacial complex, c) the development and function of normal and abnormal salivary glands and their secretions, and d) the mechanism of mineralization, with special emphasis on the cells and regulatory systems which affect the structure, function, and repair of bones and teeth.

      The evaluation will focus upon each of the four major areas, assessing the key accomplishments and progress to date and the areas to be emphasized in the future. The purpose is to formally evaluate the program as to its effectiveness and efficiency in administering a scientific research program.

7. Related Work:

The NIDR Long-Range Plan and the state-of-the-science papers that are being developed on each of the four major research areas will be available. These papers, together with the research goals and objectives, will provide a sound basis for this evaluation. The valuable experiences gained from the previous NIDR evaluation will also contribute to the design of this project.

8. Approach/Methodology:

The approach to be taken with this evaluation will essentially be the same as in those previously administered. The complexity of this program, however, will require a more diverse group of experts divided into at least the four major research areas. The preceding programs focused upon predominately one disease entity or condition, a funding mechanism, or upon biomaterials. This program includes a large variety of diseases and conditions as well as a variety of biologic processes.

Projects that have been funded by the program during a given time period will be abstracted. These project abstracts will then be grouped according to the program goals and objectives. Scientific experts will review these groupings of abstracts and respond to questions tailored for each objective, then for each goal. These questions will be answered individually by each expert and then in a consensus meeting consisting of a group of experts on a specific research area. The answers and recommendations that emerge from these research evaluation panels will finally be submitted to a main panel of experts, who will review these findings in light of the NIDR Soft Tissue Stomatology and Nutrition Program as a whole. It has been shown that this approach, utilizing the individual, then group review and the scientific, then programmatic review, has been successful. Each consecutive NIDR evaluation methodology has been adapted, either omitting certain steps or emphasizing others, as a result of the previous evaluation experiences.

9. Primary Intended Users:

The evaluation is intended to meet the information needs of the program managers and policy-makers responsible for the program being evaluated in order to improve the efficiency/effectiveness of that program.

10. Application and Utilization of Findings:

The results of this study are anticipated to directly contribute to program management, the research plan, the research community, and ultimately the general public. In addition, future research needs and opportunities will be highlighted and documented. The

present plans for dissemination and utilization include the Director, NIDR, National Advisory Dental Research Council, and relevant committees reviewing grant applications, NIDR professional staff, and dental research community involved or potentially involved in such projects.

11. Date Project Description Prepared: 5/81

12. Execution:

A contract mechanism will be used. The one-time use of unbiased, scientific expertise not available in-house is critical to the evaluation design. In addition, there is insufficient manpower to manage such a project without the support of a contract. The evaluation design will be completed by 1/83, performance information will become available in a report format by 6/84 and the program performance summary will be completed by 12/84.

13. Project Monitor/Contact:

Dr. Dushanka V. Kleinman
Evaluation Officer
National Institute of Dental Research
Building 31, Rm. 2C35
Telephone: 496-6705

14. Individual Requesting Project:

Director, NIDR

15. Coordination:

The project concept has been reviewed by the Director, NIDR, NIDR professional staff, and the National Advisory Dental Research Council. These individuals will also participate in the project oversight.

16. Information Collection Burden: NK

Project No.: NIDR 77-8

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of NIDR Craniofacial Anomalies Research Activities

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NIDR

7. Start/End Dates: 80-09, 81-12

8. Performer: NIDR and CDP Associates, Inc., 6000 Executive Blvd., Suite 510 Rockville, Maryland 20852

9. Agency Contact: Kleinman, Dr. Dushanka, Bldg. 31, Rm. 2C-35, NIDR, NIH (301) 496-6705

10. Cost: FY 78-($15), FY 79-($15), FY 80-$281, FY 81-$10

11. Fund Source: Evaluation & In-house

12. Mechanism: Contract/In house

13. Project No.: NIDR 77-8

14. Contract No.:263-80-C-0580

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Activity-Intramural Research
PHS-NIH-Biomedical Research-Activity-Research Grants and Contracts
PHS-NIH-Biomedical Research-Institute Specific-Dental

18. Evaluation Type: Program Strategy

19. Descriptors: Biomedical Research, Research and Evaluation Planning and Administration, Dental Health Care

20. Abstract: Purpose of evaluation is to assess progress made by the program toward achieving stated objectives and to make recommendations to strengthen the program. Specific tasks will involve the evaluation of the portfolio of projects in three major areas -- congenital craniofacial anomalies, malocclusion and acquired oral-facial disfigurement -- to determine the degree to which the setting of objectives has been appropriate and balance and progress have been achieved. Gaps in objectives and research activity are being identified, as are areas warranting increased or decreased programmatic initiative and resource allocation. Panels of scientific experts are assessing projects and will attempt to offer constructive suggestions for modification of program content. Parallel methodologies have been employed in previous evaluations of Periodontal Research Activities and the National Caries Program.

12

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Dr. David P. Rall, Director

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Proposed Budget

		Dollars in Thousands FY 81	FY 82	FY 83
NIEHS 79-301	Evaluation of the NIEHS Environmental Toxicology Training Program	46	--	--
	Total FY 82 Set-Aside Fund Request		$ 0	

Project No.: NIEHS 79-301

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of the NIEHS Environmental Toxicology Training Program

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NIEHS

7. Start/End Dates: 79/06, 81/11

8. Performer: Yale University, 155 Whitney Ave., New Haven, Connecticut 06520

9. Agency Contact: Schonwalder, Christopher; P.O. Box 12233, Research Triangle Park, NC 27709 8-672-4022 or (919) 755-4022

10. Cost: FY 79-$88, FY 80-$114, FY 81-$46

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NIEHS 79-301

14. Contract No.: NO1-ES-9-0005

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Activity-Training

18. Evaluation Type: Program Impact

19. Descriptors: Environmental Health, Health Manpower Training, Health Manpower Projections, Survey or Questionnaire Feature, Statistical Data Feature, Federal Administration

20. Abstract: The purpose of this study is to evaluate the impact of the existing NIEHS training program and policies in environmental toxicology and to develop baseline data against which to evaluate the effectiveness of the Institute's training mechanisms, whether extant, new, or improved. From the data obtained, NIEHS wants to acquire a complete analysis of the current environmental toxicologist supply/demand situation and projections of future needs. It wants to determine if its training program is developing appropriately trained personnel; what features of its program are most effective in meeting employer needs; how requirements of industry, academia, and government differ; the impact of the NIEHS program on institutional training; the reliance of these institutions on other sources of funding; and the capacities for training program expansion. To obtain these data, NIEHS is conducting a comprehensive survey of all institutions with environmental toxicology training programs and of employers of environmental toxicologists in academia, industry, and government. A sample of past graduates of training institutions is being queried; and other sources of supporting information, such as organizations and professional societies, are being contacted. For the survey, environmental toxicology is defined as the study of the hazardous properties of environmental chemical and physical agents with application of the results to problems related to human health. The final agency report will be widely distributed.

Project No.: NIEHS 79-302

1. EDC ID No.:

2. Entry Dates:

3. Status: Complete

4. Project Title: Analysis of Paraquat and Its Degradation Products in Smoke for Paraquat Contaminated Marijuana Cigarettes

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NIEHS

7. Start/End Dates: 79-09,81-06

8. Performer: Research Triangle Institute, Research Triangle Park, NC 27709

9. Agency Contact: Shapiro, Raymond; P.O. Box 12233, Research Triangle Park, NC 27709 629-3506

10. Cost: FY 79-$173, FY 80-($48)

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NIEHS 79-302

14. Contract No.: NO1-ES--0003

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research

18. Evaluation Type: Place Project or Technique

19. Descriptors: Environmental Health, Pollution, Research and Evaluation Performance, Smoking

20. Abstract: The Office of the Secretary, DHEW, specifically requested that the National Institute of Environmental Health Sciences (NIEHS) conduct a study to quantitatively determine paraquat and its combustible byproducts obtained in smoking machines within the context of a comprehensive study of the dynamics of marijuana smoking. Information from this contract provided the Secretary with the necessary exposure data from the smoking of paraquat-contaminated marijuana to assist in evaluating any potential health hazards of smoking paraquat-contaminated marijuana in the United States, as required by law. Based upon the results of this evaluation project (which was designed to validate the National Institute of Drug Abuse's initial efforts in this area based on their previous contract with the Research Triangle Institute), as well as on other studies mandated by the Secretary, the Secretary decided that marijuana sprayed with paraquat is likely to cause serious harm to the health of persons who may consume the sprayed marijuana. Using non-set-aside funds, NIEHS plans to extend this project to answer some remaining questions and to permit preparation of the final report.

Project No.: NIEHS 79-401

1. EDC ID No.:

2. Entry Dates: 3.Status: Complete

4. Project Title: Program Planning Work Group

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NIEHS 7.Start/End Dates: 78/02, 80/12

8. Performer: New York University, 550 First Avenue, New York, NY 10016
Dr. Norton Nelson

9. Agency Contact: Nusser, Wilford; P.O. Box 12233, Research Triangle Park, NC 27709 8-672-4015 or (919) 755-4015

10. Cost: FY 79-$(61)

11. Fund Source: In-house 12.Mechanism: Grant-Conference

13. Project No.: NIEHS 79-401 14.Contract No.:1R13-ES-01987-01

15. NTIS No.: X-NYD 16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Institute Specific-Environmental Health

18. Evaluation Type: Program Impact

19. Descriptors: Environmental Health, Biomedical Research, Federal Role, Health Manpower Training, Planning

20. Abstract: The Program Planning Work Group was established to convert the wide-ranging report ("Human Health and the Environment -- Some Research Needs") of the Second Task Force on Research Planning in Environmental Health Sciences to a set of program plans to guide the development of the NIEHS research programs. Two of the work group's subgroups have reviewed the recommendations of the task force and identified and prioritized those that are NIEHS' responsibility. The third subgroup has reviewed the NIEHS training programs in environmental toxicology, environmental epidemiology and biostatistics, environmental mutagenesis, and veterinary pathology. It has identified disciplines within environmental health sciences where increased training of scientists is essential to provide the manpower needed for research to meet the program goals established by the research program review subgroups.

13

NATIONAL INSTITUTE OF GENERAL MEDICAL SCIENCES

Dr. Ruth L. Kirschstein, Director

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NIGMS 79-401	Evaluation of Medical Scientist Training Program	(5)	--	--
NIGMS 80-401	Evaluation of MARC Faculty Fellowship Program	(5)	--	--
NIGMS 80-402	Evaluation of Research Career Awardees	(1)	--	--
NIGMS 81-401	Evaluation of Genetics Program Performance	(30)	--	--
NIGMS 81-402	Evaluation of the Impact of the NIGMS/OMAR Consensus Development Conference on Supportive Therapy in Burn Care	(10)	(5)	--
NIGMS 82-301	Evaluation of Human Genetic Mutant Cell Repository	--	100	--
NIGMS 82-401	Evaluation of Shared Instrumentation Initiative	--	(5)	--
	Total Set-Aside Fund Request		$100	

Notes: ( ) non set-aside funds

NIGMS 81-402

1. Project Title: Evaluation of the Impact of the NIGMS/OMAR Consensus Development Conference on Supportive Therapy in Burn Care. To conduct a study of the impact of the NIH Consensus Development Conference on the actual care provided in six burn care demonstration sites.

2. NIH Evaluation Project Number: NIGMS 81-402

3. Agency Proposing: NIH-NIGMS

4. Cost and Funding Source:

FY 81	$ (10)
FY 82	$ (5)
FY 83	$

5. Program Evaluated: PHS-NIH-Biomedical Research-Institute Specific-General Medical Sciences; PHS-NIH-Biomedical Research Activity-Research Grants and Contracts

6. Purpose: This will be a program performance activity. The primary goals are to investigate the extent of dissemination of the conference results and to determine their effect on the clinical management of the burn patient.

7. Related Work: No other such evaluation has been performed in this area.

8. Approach/Methodology: In order to determine the impact of the conference on the practice of burn medicine in the U.S., the NIGMS is providing funds to the Massachusetts Health Research Institute to conduct a survey of the directors of the burn units/centers located within the six demonstration sites of the Emergency Medical Services Program of the Health Services Administration. The study is specifically limited to the impact of the conference recommendations on the management of burn patients. Information is being obtained by questionnaires and site visits. Each director is asked questions about:

   (a) Overall familiarity with, and opinions about the conference.
   (b) Familiarity with the conclusions of the conference.
   (c) Familiarity with the conclusions of the conference regarding specific approaches discussed but not recommended by the conference.
   (d) The effect of the conference on staff practice.
   (e) The reasons why the recommended approaches are not being used (when applicable).
   (f) Problems encountered with the recommended approaches.
   (g) The uniformity of practice among staff members with regard to the use of the recommended approaches.
   (h) Research conducted at the facility.

Twelve treatment approaches (high-consensus approaches) and four low consensus approaches, all recommended by the conference participants and selected at random for this study, are being used.

9. Primary Intended Users: The evaluation is intended to meet the information needs of the program manager and policy-makers responsible for the program being evaluated in order to improve the efficiency/effectiveness of that program.

10. Application Utilization of Findings: It is hoped that such a study will determine the extent to which the recommendations regarding management of burn patients emanating from the November 1978 NIGMS/OMAR Consensus Development Conference on Supportive Therapy in Burn Care have been put into clinical practice. The success rate and/or problems associated with recommended treatments will also be determined.

11. Date Project Description Prepared: March 1981

12. Execution: Dr. John F. Burke, Chief of Staff, Shriners Burn Institute, Boston, MA 02114. Contract. NIH-NIGMS. Start Date: May 1980 -- End Date: February 1981. The contractor is expected to develop a report for the Federal Government which will include (1) the degree to which burn care physicians at the six sites are aware of the Conference's recommendations; (2) the degree to which the Conference's consensus recommendations are being followed; (3) an explanation, where applicable, of why recommended treatments are not being used; and (4) the relative success rate and/or problems associated with the recommended treatments.

13. Project Monitor/Contract: Emilie A. Black, M.D., NIH, Westwood Building, Room 925, Bethesda, Maryland 20205. (301) 496-7373.

14. Individual Requesting Project: Leo von Euler, M.D., Deputy Director, NIGMS

15. Coordination: This project was reviewed by the project monitor, the Institute Director, the Executive Officer, and the Council. Oversight is provided by all of the above, including the Acting Physiology and Biomedical Engineering Program Director, and the Institute Director.

16. Information Collection Burden: N/A

NIGMS 82-301

1. Project Title: Evaluation of Human Genetic Mutant Cell Repository. The purpose of this evaluation project is to see if this human genetic mutant cell-lines bank is fulfilling the goals of the contract, which are to stimulate and facilitate biomedical research in human genetics.

2. NIH Evaluation Project Number: NIGMS 82-301

3. Agency Proposing: NIH-NIGMS

4. Cost and Funding Source:

FY 81	$
FY 82	$ 100
FY 83	$

5. Program Evaluated: PHS-NIH-Biomedical Research-Activity-Research Grants and Contracts; PHS-NIH Biomedical Research-Institute Specific-General Medical Sciences

6. Purpose: This will be a program performance evaluation. The objectives will be to assess the success of the Human Genetic Mutant Cell Repository in fulfilling the goals of the original contract. The original and ongoing purpose for the cell bank is to stimulate and facilitate research in human genetics. Even though use for the cell bank is high and support for the bank in the scientific community is strong, no evaluation of the repository's actual effectiveness has been performed from the point of view of the basic research it stimulates. We want to know what the actual contribution of the availability of these human genetic mutant cell lines in advancing genetic research has been.

7. Related Work: While a variety of models of program evaluation are available, a comprehensive survey has shown that there is very little experience in evaluating the effectiveness of a scientific resource. This work will, to some extent, represent a pioneering effort.

8. Approach/Methodology: Data will be collected from computer sources to identify (1) the number of scientific reports published using cells from the cell repository, (2) the impact of these publications on their field of research and upon biomedical research in general, and (3) the sources of support for projects which utilize the cell repository. A list of all investigators who have received cells during 1976-1978 will be obtained from the repository. A list of these investigators' publications from 1976 to 1980 will be obtained from computer Medline sources. This list will be screened to retain only publications resulting from work using cell lines from the repository. The screening will include three sources: (1) CRISP files to select publications citing either the repository as a source of material or a key word including a cell line available from the bank; (2) an incomplete list of publications, available from the repository, that covers some work using their cell lines; and (3) a direct evaluation of the remaining publications to determine if cell lines available from the bank were used. The impact of the resulting list of publications will be rated as to the frequency of their subsequent citations in other articles and by the impact on their field of study of the biomedical

journals in which the articles were published. The sources of funding for projects using cells from the repository will be identified from NIH Division of Research Grant IMPAC Files and similar files from the National Science Foundation. The data gathering and analysis will be performed by a company chosen from responses to an RFP. The analysis involves use of a sophisticated algorithm maintained by Computer Horizons, Inc., Cherry Hill, NJ. The information base developed as a result of this study will be reviewed and interpreted by a peer review group assembled by the project officer.

9. Primary Intended Users: The evaluation is intended to meet the information needs of the program managers and policy-makers responsible for the program being evaluated in order to improve the efficiency/effectiveness of that program.

10. Application and Utilization of Findings: The data derived from the bibliometric search and the subsequent peer evaluation of the data will be used to assess the success of a major activity in the Genetics Program. The information will be used to determine: (1) whether the cell bank has been an effective resource in human genetics research, (2) whether publications of merit and respect have employed and depended on the cell lines supplied by the cell bank, (3) whether the cell bank is serving the scientific community for which it was intended, and (4) what range of research support users of the cell bank receive. Further, this evaluation is aimed at determining the need for such a resource, thus providing a foundation for program decisions about whether it should be renewed and if so, at what level of funding.

11. Date Project Description Prepared: March 1981

12. Execution: Contract. NIH-NIGMS; start date: 7/82 -- end date: 6/83; End products: computer reports of the data and written analysis described above. The data and the contractor's analysis will be evaluated by a specially constituted peer committee. The data gathering and analysis cannot be done in-house because the data files and computer programs for the bibliometric analysis are not available at NIH and are proprietary material available only through contract.

13. Project Monitor/Contact: David Beck, Ph.D., NIH, Westwood Building, Room 906, Bethesda, Maryland 20205 - (301) 496-7175.

14. Individual Requesting Project: Ruth L. Kirschstein, M.D., Director, NIGMS

15. Coordination: This project was reviewed by staff in the Office of the Director. Oversight will be provided by project monitor, senior staff, Genetics Program Director, Institute Scientific Directorate, the Institute Director, and the Council.

16. Information Collection Burden: N/A

NIGMS 82-401

1. Project Title: Evaluation of Shared Instrumentation Initiative. This is to determine whether the program is providing access to instruments and the service for which it was intended.

2. NIH Evaluation Project Number: NIGMS 82-401

3. Agency Proposing: NIH-NIGMS

4. Cost and Funding Source:

FY 81	$
FY 82	$ (5)
FY 83	$

5. Program Evaluated: PHS-NIH-Biomedical Research-Institute Specific-General Medical Sciences; PHS NIH Biomedical Research Activity-Research Grants and Contracts; PHS-NIH-Biomedical Research Activity-Program Direction and Management

6. Purpose: This will be a program performance evaluation. The intent will be to determine the success of the NIGMS Shared Instrumentation Program in fulfilling its stated objectives. This program was initiated in FY '79. These awards are to provide essential instrumental support to groups of investigators having specific needs for such methodologies, and to provide access to those instruments to other researchers who may require it on a more limited scale. Although the response of the scientific community to the program announcement has been very positive, it is essential to determine whether the program is indeed providing the services originally intended.

7. Related Work: No evaluations of this type have as yet been performed. Most studies have been quite subjective in nature.

8. Approach/Methodology: Information will be obtained primarily from the progress reports of the principal investigators. The degree of use of the instrument by different research groups will be evaluated through publications referencing use of the tool. In addition, some selected site visits will be made to examine the user logs of the instrument, and to discuss any problems with those members of the user group listed in the original application. The question of whether or not some instruments are "shareable" will also be addressed.

9. Primary Intended Users: The evaluation is intended to meet the information needs of the program managers and policy-makers responsible for the program being evaluated in order to improve the efficiency/effectiveness of that program.

10. Application and Utilization of Findings: The outcome of this evaluation should provide information that can be used to determine: (1) whether

the original goals and objectives have been met (evidence for the effectiveness of the sharing of the instrumentation, e.g., publications, and impact on the financial stability of the institution); and (2) whether the program should be continued, and at what level of expansion and funding, or whether the program should be discontinued. Since these instruments involve grantees from all program areas of the Institute, a review group made up of one person from each program area will review and examine the data collected. Information about utilization could be classified by types of machines. The "shareability" of some of these analytical instruments will also be addressed. An acceptable level of usage will be sought, realizing that this is a subjective judgment.

11. Date Project Description Prepared: March 1981

12. Execution: In-house. NIH-NIGMS; start date: 9/81-end date: 10/82. There have been 75 awards made to date, each for a commercially available analytical research instrument. We expect to gather data from the second year progress reports and from speaking with people listed as users on the application at regular yearly intervals. Some selective administrative site visits will be made. It is realized that some of the data will be anecdotal. We want to try and answer the question: "Are the people who receive these awards operating under the same criteria by which they were given?" Program directors and managers will receive this information after an internal review process by a review group of senior Institute staff from each program area. One possible outcome would be a modification of future program announcements, requiring either more accountability or enforced sharing. However, specific future management actions cannot be foreseen at this time.

13. Project Monitor/Contact: Marvin Cassman, Ph.D., NIH, Westwood Building, Room 903, Bethesda, Maryland 20205 - (301) 496-7463.

14. Individual Requesting Project: Ruth L. Kirschstein, M.D., Director, NIGMS

15. Coordination: This project was reviewed by staff in the Office of the Director. Oversight will be provided by project monitor, senior staff, CMBD Program Director, Institute Scientific Directorate, the Institute Director, and the Council.

16. Information Collection Burden: N/A

Project No.: NIGMS 79-401

1. EDC ID No.:

2. Entry Dates:

3. Status: Complete

4. Project Title: Evaluation of Medical Scientist Training Program

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NIGMS

7. Start/End Dates: 79/07,81/06

8. Performer: National Institute of General Medical Sciences, NIH, Bethesda, Md. 20205

9. Agency Contact: Norvell, John, Westwood Building, Room 904, NIGMS, NIH, (301) 496-7260

10. Cost: FY 81-($5)

11. Fund Source: S & E

12. Mechanism: In-house

13. Project No.: NIGMS-79-401

14. Contract No.: NA

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Activity-Training
PHS-NIH-Biomedical Research-Institute Specific-General Medical Sciences

18. Evaluation Type: Research and Data Development

19. Descriptors: Biomedical Research; Scientific Manpower

20. Abstract: The Medical Scientist Training Program (MSTP) was designed to provide highly qualified trainees with a rigorous education in basic science combined with a broad training in clinical medicine. Since it began in 1963, the program has maintained rigorous standards and has grown slowly. Increasing numbers of fellows are graduated every year. A total of 455 fellows had completed the program as of 1980. Preliminary evaluation focused on 81 graduates from 1968 through 1974. Most of these graduates are in the early stages of their careers, and thus final conclusions could not be drawn. Nevertheless, it was possible to draw some general conclusions about their career development.

The finding that 70 percent of these MSTP graduates are currently engaged in biomedical research is encouraging. These graduates are working in medical schools or hospitals and have appointments to clinical departments. In addition, seven graduates have research staff positions at NIH. From literature searches, it appears the "research" graduates have a mean of 21 research publications, with a median of 11. Other findings show that of the 56 graduates in research, 16 percent receive internal Federal Government support, 42 percent serve as principal investigators on a total of 37 NIH and/or NSF grants, and 35 percent have no independent NIH or NSF research support. These data seem to indicate that the original goals of the program are being met.

Project No.: NIGMS 80-401

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of the MARC Faculty Fellowship Program

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NIGMS

7. Start/End Dates: 79/06,81/10

8. Performer: National Institute of General Medical Sciences, NIH, Bethesda, Maryland 20205

9. Agency Contact: Bynum, Ward, Westwood Building, Room 9A18, NIGMS, NIH (301) 496-7941

10. Cost: FY 81-($5)

11. Fund Source: S & E

12. Mechanism: In-house

13. Project No.: NIGMS 80-401

14. Contract No.: NA

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Activity-Training
PHS-NIH-Biomedical Research-Institute Specific-General Medical Sciences

18. Evaluation Type: Research and Data Development

19. Descriptors: Biomedical Research; Scientific Manpower; Minority Groups

20. Abstract: The Minority Access to Research Careers (MARC) Faculty Fellowship Program provides opportunities for advanced research training for selected faculty members of four-year colleges, universities, and health-professional schools in which student enrollments are drawn substantially from ethnic minority groups. These institutions may nominate faculty members to apply for MARC fellowships to support a period of advanced study and research training in graduate departments and laboratories as candidates for the Ph.D. degree or for postdoctoral research training in specified areas in the biomedical sciences. The program was begun in 1972 and has since supported 98 individuals, most for periods of 2-3 years. After completion of the doctoral degree or postdoctoral study, it is the intent of this program that the fellows return to the nominating school.

The purpose of this study is to evaluate the success of the program in terms of (1) the proportion of the fellows who return to the nominating institution, (2) evidence for the effectiveness of the research training, e.g., publications or research grant support; and (3) the impact on the minority institutions. Data were obtained by contacting the institutions directly, and searching current lists of NIH and NSF research grants.

Project No.: NIGMS 80-402

1. EDC ID No.:

2. Entry Dates: 3.Status: Complete

4. Project Title: Evaluation of Research Career Awardees

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NIGMS 7.Start/End Dates: 80/03,81/03

8. Performer: National Institute of General Medical Sciences, NIH, Bethesda, MD 20205

9. Agency Contact: R.L. Gulley; NIH, Westwood Building, Room 920; (301) 496-7137

10. Cost: FY 81-($1)

11. Fund Source: S & E 12.Mechanism: In-house

13. Project No.: NIGMS 80-402 14.Contract No.: NA

15. NTIS No.: X-NYD 16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research
PHS-NIH-Biomedical Research-Institute Specific-General Medical Sciences

18. Evaluation Type: Program Impact

19. Descriptors: Biomedical Research; Scientific Manpower

20. Abstract: Members of the biomedical community have recently expressed an interest in having a funding mechanism to provide long-term salary support for investigators of established merit. From 1961-1964 the NIH had a Research Career Award Program (K06), which had similar aims. The intent was to provide these awardees with financial stability that was not dependent solely on renewal of research grants every 3 to 5 years.

The objective of this project was to evaluate the scientific productivity of recipients of the K06 awards, and to establish the ability of the recipients to obtain research support after receiving the K06 award. A bibliometric data search was made and scientific productivity was measured by the number of publications of each investigator. Data from K06 recipients were compared with two other groups: K06 applicants who were approved but not funded, and investigators who did not apply for K06 awards, but who submitted R01 applications during 1961-1965. It appears that this program has rewarded a group of meritorious scientists; however, the long-term salary stabilization did not improve their scientific performance significantly better than their contemporaries who either did not apply for or did not receive a K06 award.

Project No.: NIGMS 81-401

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of Genetics Program Performance

5. Report Title: NYD

6. Agency Sponsor: PHS-NIH-NIGMS

7. Start/End Dates: 80/10,81/10

8. Performer: National Institute of General Medical Sciences, NIH, Bethesda MD 20205

9. Agency Contact: Bergmann, Fred; Westwood Bldg., Room 910 (301) 496-7087

10. Cost: FY 81-($30)

11. Fund Source: S & E

12. Mechanism: In-house

13. Project No.: NIGMS 81-401

14. Contract No.: NA

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research, PHS-NIH-Biomedical Research-Institute Specific-General Medical Sciences

18. Evaluation Type: Program Impact, Research and Data Development

19. Descriptors: Biomedical Research, Program Coordination, Research and Evaluation Performance

20. Abstract: In its FY '72 Appropriations Report, the Senate recognized the principal role that the NIGMS had begun to play in funding genetics research, and in that year and subsequent years, Congressional Committees recognized and enunciated the clear potential for the growing genetics discipline to provide the basic foundations for diagnosing and alleviating the large number of genetic disorders of man.

This project has a twofold purpose and will be carried out in two phases: Phase I will determine the depth and range of the genetics research activities of the NIH by a survey of research activities of the extramural grant portfolios and of the intramural research programs; the output of the survey is intended to provide an overview of genetics activities for use by NIH managers, extramural scientists, other Federal agencies, and the Congress. Phase II will utilize the data generated as a major component of a program performance evaluation within this context to see if the NIGMS genetics program is meeting the expectations of the Congress and with what success. It cannot be foreseen what management actions are likely to be taken on the basis of results from this study.

14

NATIONAL INSTITUTE OF NEUROLOGICAL AND COMMUNICATIVE DISORDERS AND STROKE

Dr. Murray Goldstein, Acting Director

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Proposed Budget

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NINCDS 79-301	Evaluation of Intramural Research Program	77	--	--
NINCDS 80-302	Evaluation of MEDLARS Services for Meeting the Information Transfer Needs in Communicative Disorders	240	110	--
NINCDS 82-301	Evaluation of the Scientific Impact of Research Center/Program Project Support and Individual Investigator Support in the Communicative Disorders Field	--	60	150
	Total FY 82 Set-aside Fund Request		$170	

1. Project Title: Evaluation of the Scientific Impact of Research Center/Program Project Support and Individual Investigator Support in the Communicative Disorders Field.

In the Communicative Disorders Program, research in five different disciplines is supported through the research center/program project mechanism as well as the individual investigator mechanism. These disciplines are at different stages in the development of a knowledge base and in meeting clinical needs. The purpose of this study is to determine the relative merits of these two support mechanisms for furthering clinical and basic research in the otolaryngological, vestibular, hearing, speech, and language fields.

2. Project ID and Type: NINCDS 82-301

This is an evaluation project.

3. Agency Proposing: The National Institute of Neurological and Communicative Disorders and Stroke, NIH, DHHS.

4. Cost and Funding Source:

FY 1982: $60,000 (set-aside)

FY 1983: $150,000 (set-aside)

5. Program Evaluated: PHS-NIH-Biomedical Research-Institute Specific-Neurological, Communicative Disorders and Stroke

6. Purpose: Historically support for centers and program projects has been a small part of the NINCDS program. In the early 1970s, the proportion of funds spent on research centers and program projects began to grow, and gradually reached 25% of research grant funds. In the last few years, large grants have made up between 30% and 35% of the total funds. Other fiscal concerns regarding these grants are as follows: 1) The average size (total costs) of these grants has risen from $363,000 in 1976 to $601,000 in 1980. When corrected for inflation, large grants (P01s) have increased in average dollars by 20% while individual investigator grants (R01s) have decreased somewhat. 2) Eight P01 grants of the NINCDS are over a million dollars in total costs. 3) The complexity of P01 grants has increased, possibly compromising the supervision of some components. 4) Some subprojects may merit funding in P01 grants but would not receive funding as individual investigator grants. 5) The complexity of many P01 grants has affected the review process; site visit teams in some cases may be hard pressed to maintain a high quality review in the limited time available to them.

Consequently, the NINCDS staff is considering a change in policy which would limit the dollar value for P01 proposals. This issue was discussed by the National Advisory Neurological and Communicative Disorders and Stroke Council in May 1981.

A change in policy regarding the dollar size and possibly the complexity of P01 grants could have different effects on various programs within the NINCDS. In some areas the knowledge base needs development and the establishment of a few national centers for research in a field may be needed to create the necessary laboratory facilities and multidisciplinary teams for research and training of critically needed new investigators.

In other fields, the knowledge base is relatively well developed, but clinical research needs are not being addressed by the available cadre of laboratory scientists. In these fields, the establishment of a few clinical research centers to foster collaboration between clinical investigators and basic scientists is a critical program need.

The various disciplines within the Communicative Disorders Program represent such a diversity of needs. Basic research on the physiology and anatomy of the auditory and vestibular systems is well along, while there is a critical need for research on otolaryngological diseases affecting hearing and balance. In sharp contrast, there is a limited knowledge base regarding the neurological processes underlying speech and language functioning and until these processes are better understood, the bases for disorders affecting these functions will continue to be unknown.

Both the P01 and R01 mechanisms have been used to support research over the last decade in each of these fields. The evaluation project is aimed at studying scientific progress and impact within these areas of the communicative disorders to determine whether differences in basic and clinical research progress in these fields can be attributed to use of P01 and R01 support mechanisms. The results will be used in future program planning by the Communicative Disorders Program staff to decide which mechanisms would be most beneficial for the enhancement of research progress in the otolaryngological, vestibular, hearing, speech, and language fields.

7. Related Work: In 1977, the Rand Corporation published a study entitled "A Comparison of Large Grants and Research Project Grants Awarded by the National Institutes of Health," R-2228-NIH, by G. M. Cartee, C. S. Lai C.L. Lee (Contract #N01-OD-5-2127). The overall questions addressed by this investigation were similar to those of this evaluation study. The study only selected portions of the programs of ten of the institutes. For the NINCDS, they selected grants relating to the auditory system disorders. However, there were significant methodological aspects of the data collected and methods of analysis used in the study of the NINCDS grants which make the data uninterpretable for use in program planning by the Communicative Disorders Staff. First, the priority scores of R01 grants were compared with those of P01 grants, which is inappropriate since R01 grants are reviewed by the DRG Communicative Sciences Study Section while the P01 grants are reviewed by the Communicative Disorders Review Group of the NINCDS. These review groups differ substantially; the former contains a preponderance of basic laboratory scientists, while the latter is composed largely of clinical investigators.

Secondly, the types of research supported under the two mechanisms are not comparable in type and distribution. Audiological and hearing research was primarily supported through the P01 mechanism at the time of the study (1975), while the R01 mechanism was used to support research in the basic hearing sciences as well as in the otolaryngological and vestibular fields. In recent years, the distribution has changed; and both the P01 and R01 mechanisms contain an adequate mix of otolaryngological, vestibular, hearing, speech, and language research, which will allow a comparison of research within each of these areas across the two research mechanisms. As one example, the scientific productivity of otolaryngological research supported by the P01 mechanism can be compared with the productivity of similar otolaryngological research supported by the R01 mechanism.

Third, the previous study only examined auditory system research, which is approximately 40% of the research supported by the CDP. This evaluation will include 80% of the Communicative Disorders Program. In addition to research on the auditory system, this study will include research in the otolaryngological and vestibular areas as well as the speech and language fields.

8. Approach/Methodology:

NINCDS-supported individual investigator grants and research center/program project grants will be identified for the years 1971 to 1981 in each of the following fields: otolaryngological and vestibular research, hearing sciences, and speech and language research. Within these three categories, research will then be identified as basic laboratory research or clinical applied research. This breakdown will be performed at the subproject level for those research center/program projects which contain a mixture of the two. This breakdown would result in six categories within which comparison of P01 and R01 research could be made. Most of the computations will be made for the five-year period between 1976 and 1981 when both the R01 and P01 have been in use in each of the six category areas and there has been no change in NINCDS policy which would favor either support mechanism. Further, available support funds have been relatively constant during this period and investigators have been encouraged to use either support mechanism in all of the six categories.

The following are examples of the measures which would be used for comparing the P01 and R01 grants within each of the six research categories:

-The relative stability of R01 and P01 grants within each of the six categories over the last ten years (average length of grant and size of program in numbers, dollars, and full-time equivalent investigators);

-the productivity and science citations adjusted relative to one full-time equivalent supported investigator in R01 and in P01 grants in each of the six categories between 1976 and 1981;

-the relative amount of interdisciplinary research per full-time equivalent investigator in R01 and in P01 grants in each of the six categories between 1976 and 1981;

-the annual cost of support of one full time equivalent investigator in R01 and in P01 grants in each of the six categories between 1976 and 1981;

-the number of individually or institutionally supported NRSAs receiving sponsorship either by R01 or by P01 supported investigators per full-time equivalent investigator in each mechanism within the six categories between 1976 and 1981;

-the number of currently supported investigators (FY 1981) in communicative disorders who received support early in their career as junior investigators on R01 and on P01 grants between 1971 and 1976 relative to one full-time equivalent of investigator support in each of the mechanisms between 1971 and 1976 in each of the six categories; and.

-the views of currently supported investigators in each of the two mechanisms within the six categories of the relative merits of the two mechanisms for providing stability of support, developing new investigators, fostering scientific advancement and creativity, and the cost effectiveness of the two mechanisms for supporting research.

This methodological approach will allow the comparison of the scientific impact of the P01 and R01 mechanisms within the six different scientific areas to determine whether the effects of the two mechanisms differ across scientific disciplines. All of the grants supported in each of these disciplines between 1976 and 1981 will be included in the analysis. This approach will provide the Communicative Disorders Program (CDP) staff with the necessary information for making future policies of which mechanisms could be most beneficial in each area. This is the first evaluation of the scientific impact by mechanism within each of the major research disciplines supported by the CDP. The only component of the program which will not be included in this analysis will be the special senses program, since research center/program project grants were not awarded in this subprogram area prior to FY 80.

9. Primary Intended Users:

(B) The evaluation is intended to meet the information needs of the program managers and policy-makers responsible for the program being evaluated in order to improve the efficiency/effectiveness of that program.

10. Application and Utilization of Findings:

The results will provide information on the scientific impact and relative cost of research supported through the R01 and P01 mechanisms in each of six scientific disciplines. These data are essential to program staff in deciding in which program areas if any, the cost effectiveness of the P01 mechanism warrants its continued use and emphasis. The National Research Strategy Panel on Communicative Disorders, 1979, identified twelve primary goals and objectives for the next ten years in the communicative disorders. The CDP staff needs to develop plans for implementing these goals and requires the results of this study for developing cost-effective methods of supporting this research.

Further, if similar results by mechanism are found across the six different research categories, then the results may be generalizable to other program areas within the NINCDS and the results could provide background information on which to base decisions regarding continued use or curtailment of the P01 support mechanism.

The final report will be written by the CDP staff and distributed throughout the NINCDS as well as to other Institutes within the NIH.

11. Date Project Description Prepared: August 3, 1981

12. Execution:

The Communicative Disorders Program staff will design the specific questions and data to be collected for this evaluation study. Unfortunately, the current administrative responsibilities of the CDP staff are too great for them to conduct this evaluation in-house. A contractor is needed to collect the necessary data and information from scientists in the field. Data collection,

compilation, and analysis activities need to be monitored and directed by CDP staff to ensure that the project will meet the evaluation and future planning needs of the Communicative Disorders Program.

The project will be administered by the NINCDS, NIH, DHHS. Start date is projected as July 1982. Phase I will include development of the sample and submission of the preliminary data analyses to the NINCDS by January 1983. Phase II will include scientists' interviews and further data analyses to be completed by January 1984. The final report will be written by CDP staff and distributed by July 1984.

13. Project Monitor/Contact: Dr. Christy Ludlow, Communicative Disorders Program, National Institute of Neurological and Communicative Disorders and Stroke, 7550 Wisconsin Avenue, Room 1C-13, Bethesda, Maryland 20205. Telephone (301) 496-5061.

14. Individual Requesting Project: Dr. Christy Ludlow, Communicative Disorders Program, National Institute of Neurological and Communicative Disorders and Stroke, 7550 Wisconsin Avenue, Room 1C-13, Bethesda, Maryland 20205. Telephone (301) 496-5061.

15. Coordination: Project has been reviewed and approved for implementation in FY '82 by Dr. Ralph F. Naunton, Director, Communicative Disorders Program; Dr. Murray Goldstein, Acting Director, NINCDS; and ad hoc advisors to the Communicative Disorders Program, NINCDS.

16. Information Collection: No.

Project No.: NINCDS 74-1a

1. EDC ID No.:

2. Entry Dates: 3.Status: Complete

4. Project Title: Survey of the Incidence, Prevalence, and Costs of Intracranial Neoplasms

5. Report Title: Survey of Intracranial Neoplasms

6. Agency Sponsor: PHS-NIH-NINCDS 7.Start/End Dates: 74/06, 80/12

8. Performer: Westat, Inc.; 11600 Nebel Street, Rockville, MD 20852

9. Agency Contact: Dr. Frederic D. Weinfeld,; NIH, Federal Building, Room 7C14A; (301) 496-3256

10. Cost: FY 74-$275, FY 75-($386), FY 76-$0, FY 77- ($72), FY 78- ($30)

11. Fund Source: Evaluation 12.Mechanism: Contract

13. Project No.: NINCDS 74-1a 14.Contract No.: NO1-NS-4-2336

15. NTIS No.: X-NYD 16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Activity-Research Grants and Contracts
PHS-NIH-Biomedical Research-Institute Specific-Neurological, Communicative and Stroke

18. Evaluation Type: Research and Data Development

19. Descriptors: Morbidity, Mortality, Cost of Illness, Survey or Questionnaire (major feature), Hospitals

20. Abstract: A study to develop a methodology applicable on a national sample basis for measuring the incidence, prevalence, and costs of intracranial neoplasms and to carry out the survey designed and to present the results of the survey.

A sample of 217 hospitals was selected and a sample of 3,000 patient discharge records was drawn from these hospitals and abstracted. Calendar years included 1971 to 1974. For each case substantive information was gathered on the type of tumor, basis of diagnosis, treatment, outcome, demographic characteristics, and direct medical costs incurred. In addition, other data necessary for the estimation processes of the survey were gathered. Physician followups for the 3,000 selected patient records provided certain information not available in the medical record. Also, there were approximately 350 interviews with close relatives of the patients to collect information on the direct and indirect costs incurred by the patient and family during the survey years.

The contractor's final report was received and the findings were reviewed. A validation study was performed to confirm the data and the findings prior to publication. A major article on the incidence of intracranial neoplasms has been prepared for submission to a neurological journal.

1. EDC ID No.: Project No.: NINCDS 74-1b

2. Entry Dates: 3.Status: Complete

4. Project Title: Survey of the Incidence, Prevalence, and Cost of Stroke

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NINCDS 7.Start/End Dates: 75/07, 80/12

8. Performer: Westat Inc.; 11600 Nebel Street, Rockville, MD 20852

9. Agency Contact: Weinfeld, Frederic D.; Federal Building, Room 7C14, NIH; (301) 496-3256

10. Cost: FY 74-($212), FY 76-$300

11. Fund Source: Evaluation 12.Mechanism: Contract

13. Project No.: NINCDS 74-1b 14.Contract No.: NO1-NS-6-2333

15. NTIS No.: X-NYD 16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Activity-Research Grants and Contracts
PHS-NIH-Biomedical Research-Institute Specific-Neurological, Communicative and Stroke

18. Evaluation Type: Research and Data Development

19. Descriptors: Morbidity, Mortality and Prevalence, Cost of Illness

20. Abstract: This study was designed to provide (1) reliable estimates of the incidence of hospitalized acute strokes, by age and sex and their survival over time; (2) the prevalence of persons with a history of a hospitalized stroke and indices of their disability status; and (3) the economic impact of the disease on the patient, the patient's family, and society. Statistically sound incidence figures are lacking which relate to the total population, and the prevalence of strokes is not well documented, owing to the uncertain prognosis and variation in life expectancy. Of prime importance is the development of a totally new methodology required for collecting the needed basic data from hospital discharge records and a clinical algorithm to ensure proper classification and diagnostic verification of the abstracted cases.

This study has now been completed and the findings have been published as a supplement to the journal Stroke in the March/April 1981 issue, entitled The National Survey of Stroke.

Project No.: NINCDS 77-1

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: The Comprehensive Disease Statistics Survey

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NINCDS

7. Start/End Dates: 77/09, 81/09

8. Performer: National Center for Health Statistics and Westat, Inc.; 11600 Nebel Street, Rockville, MD 20852

9. Agency Contact: Weinfeld, Frederic D.; Federal Building, Room 7C14, NIH; (301) 496-3256

10. Cost: FY 77-$215 (30); FY 78-($100); FY 79-($600)

11. Fund Source: Evaluation & In-house

12. Mechanism: Contract

13. Project No.: NINCDS 77-1

14. Contract No.: NO1-NS-7-2379

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Activity-Research Grants and Contracts
PHS-NIH-Biomedical Research-Institute Specific-Neurological, Communicative and Stroke

18. Evaluation Type: Research and Data Development

19. Descriptors: Morbidity, Mortality and Prevalence, Survey or Questionnaire (major feature), Hospitals

20. Abstract: A study to develop methodology for testing the feasibility of a data collection system for obtaining hospital incidence and prevalence data, from a national sample of hospital discharge records, for selected neurological and other diseases of interest. A key objective of a successful pilot study would be to develop a survey program which would permit the annual collection of data on these disorders in order to develop trends of their incidence and prevalence. A comprehensive approach to the collection of disease statistics is required in order to reduce the redundancy, costs, and respondent burden associated with the collection of these data.

The data collection in 27 hospitals has been completed and the contractor is now analyzing the data and is preparing the final report for this study.

Project No.: NINCDS 77-3

1. EDC ID No.:

2. Entry Dates:

3. Status: Complete

4. Project Title: Development and Test of Methods for Collection of Supplementary Survey Data for Determining Trends. NOTE: Phase IV of the Head and Spinal Cord Injury Survey

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NINCDS

7. Start/End Dates: 76/10, 81/04

8. Performer: Research Triangle Institute, Research Triangle Park, NC 27709

9. Agency Contact: Anderson, Dallas W.; Federal Building, Room 7C14, NIH

10. Cost: FY 77-$41

11. Fund Source: SAF and In-House

12. Mechanism: Contract

13. Project No.: NINCDS 77-3

14. Contract No.: NO1-NS-4-2334

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Activity-Research Contracts
PHS-NIH-Biomedical Research-Institute Specific-Neurological, Communicative and Stroke

18. Evaluation Type: Program Methodology

19. Descriptors: Periodic Surveys, Trend Data, Epidemiologic Research, Program Planning

20. Abstract: The National Institute of Neurologic and Communicative Disorders and Stroke (NINCDS) is interested in developing the capability of producing periodic estimates of the incidence, prevalence, and health costs for selected neurological disorders. NINCDS experience to date suggests that it is too expensive to keep funding major surveys which would have to be repeated every few years to investigate trends every time. The Institute is currently investigating, through the contract mechanism, a few approaches which promise to be relatively cost effective in that several neurological disorders could be studied on a continuing basis for the price of one or two major surveys of the current type. One of these approaches, the methodology developed specifically for the Head and Spinal Cord Injury (HSCI) Survey, appears to lend itself particularly well to periodic implementation, but a special study was required for any definitive conclusions regarding feasibility. This special study investigated directly the utility of the HSCI Survey approach to periodic implementation; furthermore, it provided information valuable for other periodic approaches.

This study is now completed. A series of manuscripts have been published on the Head and Spinal Cord Injury Survey. These manuscripts appeared as a special supplement to the Journal of Neurosurgery in November 1980.

Project No.: NINCDS 79-301

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of Intramural Research Program

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NINCDS

7. Start/End Dates: 81/01, 82/01

8. Performer: NINCDS - IRP

9. Agency Contact: Chase, Thomas; Building 36, 5A05, NIH; (301) 496-4297

10. Cost: FY 81-$77

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NINCDS 79-301

14. Contract No.: NO1-NS-1-2348

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Activity-Intramural

18. Evaluation Type: Program strategy

19. Descriptors: Biomedical Research

20. Abstract: A 12-month contract was awarded to Computer Horizons, Inc.,on January 12, 1981, in the amount of $77,000 to perform this study. The end of May 1981 showed the completion of the identification and retrieval of the 25,000 Science Citation Index - recorded citations from 1972-80 to the approximately 2500 NINCDS IRP publications occurring between 1972-80. The second major task completed during May has been the identification from the authors list of the NINCDS IRP scientists (tenured and non-tenured) and the unification of variants of author names.

Tabulations of the citation data by publication, by NINCDS author, by year, etc.,and a synthesis of findings will be presented late in 1981 to the project staff.

Project No.: NINCDS 80-302

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of MEDLARS Services for Meeting the Information Transfer Needs in Communicative Disorders

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NINCDS

7. Start/End Dates: 80/09,83/02

8. Performer: X-NYD

9. Agency Contact: Dr. Christy Ludlow; Federal Building, Room 1C13, NIH; (301) 496-5061

10. Cost: FY 80-$242, FY 81-$240, FY 82-$110

11. Fund Source: Evaluation

12. Mechanism: Contract

13. Project No.: NINCDS 80-302

14. Contract No.: Multi-contracts

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Institute Specific-Neurological and Communicative & Stroke

18. Evaluation Type: Program Management or Efficiency

19. Descriptors: Information Systems, Information Dissemination, Biomedical Research

20. Abstract: Five information centers have been set up at Loyola University in Chicago, Ohio University, University of Connecticut, Boys Town Institute for Communicative Disorders, and the University of Hawaii. Over 450 potential users have been registered in the study and include a mix of research personnel, academic faculty, and clinicians in each of the communicative disorders specialities. Prior to their introduction to the MEDLINE system, users provided data on their current information needs and practices. These data are being analyzed by NINCDS personnel. User training workshops were conducted at each of the sites in February. During the second phase, which will last 18 months, users will have access to MEDLINE services at reduced charge. This phase was initiated in March 1981 and will be complete in September 1982. Thus far, 80% of the participants have used MEDLINE services.

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DIVISION OF RESEARCH RESOURCES

Dr. James F. O'Donnell, Acting Director

Contents

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Proposed Budget

		Dollars in Thousands FY 81	FY 82	FY 83
DRR 82-301	Short-Term Evaluations of the Programs of the Division of Research Resources	--	300	--
	Total Set-Aside Fund Request		$300	

1. Project Title: Short-Term Evaluations of the Programs of the Division of Research Resources (DRR)

   This project is intended to produce three "products" for each of DRR's eight major programs and subprograms:

   a. A short-term evaluation summarizing available and readily obtainable data on program performance in terms of the program's agreed-upon objectives and indicators;

   b. Alternative approaches [e.g., designs for long-term, full-scale evaluations, new or modified annual reports and/or program data systems, etc.] to acquiring more program performance data -- specifying the additional information that would be produced and the costs of producing it; and

   c. A revised program performance summary.

2. NIH Evaluation Project Number: DRR 82-301

3. Agency Proposing: NIH-DRR

4. Cost and Funding Source: FY 82 $300,000

5. Program Evaluated: PHS-NIH-Biomedical Research-Research Resources

6. Purpose: These short-term evaluations will provide DRR management with comparable program performance information on all major DRR programs for use in planning and resource allocation. In addition, the revised program performance summaries and the cost/benefit-specified methodologies for further evaluation(s) of the programs, will enable coherent decisions on the necessity, desirability, and timing of additional evaluation activities.

7. Related Work: This project will be the third phase of a four-phase coordinated approach to the evaluation of all the Division's programs:

   Agreed-upon objectives and indicators (phase one)
   During the period March through June 1981, the objectives of all DRR programs and major subprograms are being set out in as measurable terms as possible. Indicators are being developed for the objectives, and the finished documents will be forwarded to the Office of the Director, NIH, after concurrence by the Acting Director, DRR.

   Program performance summaries (phase two)
   From July through November 1981, program performance summaries will be developed for the programs using the phase-one agreed-upon objectives and indicators, and requiring that all parts of the program performance summaries are written in terms of the agreed-upon objectives and indicators. The completed summaries will be distributed to the various evaluation offices in OD, NIH, PHS, and the Office of the Secretary, DHHS.

Short-term evaluations (phase three)
Building on the summaries, the short-term evaluations herein proposed will be performed as soon after the start of Fiscal Year 1982 as possible. The program performance summaries developed during phase two will be enlarged during this phase to include phase three study results, and will be distributed along with the individual program-by-program evaluation study reports throughout the Department. They will also be incorporated into the Division's Five-Year planning process.

Evaluation decision-making for Fiscal Year 1983 and beyond (phase four)
Taking into account the program performance information available in the summaries and resulting from the short-term evaluation of each program, DRR management will decide on the need for -- as well as the desirability and timing of -- further evaluation of the Division's programs. This process will be facilitated by the methodology for further evaluation developed for each program as part of its short-term evaluation during phase three.

8. Approach/Methodology: The approach proposed will consist of short-term evaluations of the major programs and subprograms of the Division. Specifically, the contractor will (A) Review and revise as appropriate the work already done by program staff in describing the programs, setting out objectives, specifying performance indicators, identifying major program problems and issues, and characterizing evidence already collected regarding program process and performance; (B) develop measures of progress and success in achieving the objectives and specify processes of data collecting and reporting that will enable the programs to monitor progress and success; (C) perform short-term evaluations of process, progress, and success using data that are readily available and/or easily obtainable; and (D) characterize long-term/full-scale evaluations of the programs that could be undertaken, specifying the information that would result, the probable cost and duration, and the likelihood of success and utility.

   In addition to interviews with program staff and Division management, the contractor will use the extensive program documentation available, including grant files containing applications, summaries of reviews, progress reports and administrative site visit reports; audits and previously contemplated studies; advice and comment previously reviewed from program advisory committees, the National Advisory Research Resources Council and its subgroups; NIH data systems such as CRISP and IMPAC; DRR data systems; and, as appropriate, interviews with and data from the staff of the other BIDs. Relevant data and studies from non-NIH and non-governmental sources will also be used as needed, and familiarity with, and access to, data useful in accomplishing the project may be a factor in contractor selection, as may familiarity with NIH.

9. Primary Intended Users: The evaluations are intended to meet the information needs of the program managers and policy-makers responsible for the programs being evaluated in order to improve efficiency/ effectiveness of these programs.

10. Application and Utilization of Findings: See item 7, above.

11. Date Project Description Prepared: May, 1981. This project supersedes and includes projects DRR 81-301 and DRR 81-302, which were under consideration for submission during the preparation of last year's evaluation plan.

12. Execution: The project will be accomplished through the use of a contract as it requires the one-time use of expertise which is not available inside the Division, and which would not be economic to establish in-house. Depending on the length of time it takes to let the contract, work by the contractor would begin about March, 1982, and end about June or July, 1982. The project will be administered by NIH-DRR, and the phases and end products are set out in item 8, above.

13. Project Monitor/Contact: Martin B. Blumsack, Evaluation Officer; Division of Research Resources, NIH; Building 31, Room 5B07; Bethesda, Maryland 20205; (301) 496-5507.

14. Individual Requesting Project: See item 13.

15. Coordination: This project has received preliminary review by the Division's Resource Directorate -- a DRR group which includes all program directors, branch and office heads, and other senior Division management. As work proceeds, occasional review and advice will be provided by an evaluation work group of the Office of the Director, DRR, consisting of the Assistant Director for Manpower and Resource Development, the Assistant Director for Review, the Planning Officer, the Executive Officer, and the Evaluation Officer.

    The Program Evaluation Branch, OPPE, NIH, and the Office of the Assistant Secretary for Planning and Evaluation, DHHS, have indicated their willingness to provide advice and guidance as this project develops. In addition, the evaluation staffs of the other BIDs of NIH will be providing collegial review and assistance.

    Since the activities of the Division are closely related to those of the other BIDs of NIH, and since the execution of various portions of this project may require close cooperation with the staffs of BIDs, efforts will be made to keep the other components of NIH aware of this project as it moves through the various stages of planning and execution in order that potential contact points for the contractor can be identified and briefed before the start date of the contract. In this way, the contract activities should move more quickly and be executed in less time.

16. Information Collection Burden: This project does not involve collection of identical data from ten or more persons.

Project No.: DRR 77-2

1. EDC ID No.:

2. Entry Dates:

3. Status: Complete

4. Project Title: Evaluation of the Role of Clinical Research Centers in Clinical Trials, With Emphasis on Information Processing

5. Report Title: (1) The Role of General Clinical Research Centers in Clinical Trials: A Characterization With Recommendations. (2) A First-Order Characterization of Clinical Trials

6. Agency Sponsor: PHS-NIH-DRR

7. Start/End Dates: 78/09, 80/12

8. Performer: Rand Corporation, 1700 Main Street, Santa Monica, CA 90406

9. Agency Contact: Mannarino, Maria A.; Building 31, Room 5B51, NIH (301) 496-6595

10. Cost: FY 78-$100, FY 79-$275, FY 80-$45, FY 81-$2

11. Fund Source: Evaluation, Research

12. Mechanism: Contract

13. Project No.: DRR 77-2

14. Contract No.: NO1-RR-8-2122

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Activity-Research Grants and Contracts
PHS-NIH-Biomedical Research-Research Resources

18. Evaluation Type: Research and Data Development

19. Descriptors: Biomedical Research, Clinical Research Centers, Clinical Trials Feature, Information Processing, Information Systems, Medical Technology, Needs and Needs Assessment, Technology Assessment or Transfer

20. Abstract: Project results include a broad characterization of clinical trials and their organizational, administrative, operational, and information problems, and an exploration of potential solutions; and a detailed characterization and evaluation of the role of the General Clinical Research Centers (GCRC) Program in clinical trials and a description of the trials that use its resources. Specific recommendations to the GCRC Program are that it should provide research data coordinators to support clinical trials; make biomedical scientists (e.g., biostatisticians and computer programmer/analysts) available in the GCRCs on a regular but limited basis; make the CLINFO data management and analysis system available to clinical trials that use GCRC resources; augment the functional capabilities of the CLINFO system to include analysis of covariance, improved data editing, document tracking, sample size determination and randomization; provide computerized nutrient data base and diet calculation program for GCRC dietitians; provide fiscal management and word processing computer programs for GCRC administrative coordinators; and explore methods to improve the quality of clinical trials by helping investigators to improve their practice of research methodology, statistics, and information processing. (Final reports (1) 51 pages; (2) 87 pages)

16

NATIONAL LIBRARY OF MEDICINE

Dr. Martin M. Cummings, Director

Contents

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Proposed Budget

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NLM 77-2a	Regional Medical Library Program: Data Gathering	--	--	--
NLM 77-2b	Evaluation of the Regional Medical Library Program	--	--	--
NLM 78-3	Evaluation of the Information Transfer Project	--	--	--
NLM 79-302	Analysis of Requests for Interlibrary Loans for Serials	(--)	(5)	(--)
NLM 79-303	Characteristics of AVLINE Use	--	70	70
NLM 80-401	Evaluation of Medical Library Resource Project Grant Program	(8)	--	--
NLM 80-402	Consultant Review of Lister Hill Center Programs	(10)	(10)	(10)
NLM 80-403	Consultant Review of MEDLARS III	(25)	(25)	(25)
NLM 80-404	Medical Library Assistance Act Program Performance (Several Evaluations)	(8)	(NYD)	(NYD)
NLM 80-405	National Medical Audiovisual Center Internal Program Evaluation	(20)	(20)	--
NLM 80-406	Computer Performance Measurement	(50)	(50)	--
NLM 81-401	Feedback Survey of NMAC's Film Videocassette Loan Program Clients	(5)	(5)	--

(cont.)

Proposed Budget (continued)		Dollars in Thousands FY 81	FY 82	FY 83
NLM 82-301	Online Services User Study	--	50	--
NLM 83-302	Evaluation of NLM's Services in the Behavioral Sciences	--	75	75
NLM 82-401	Analysis of Use of NLM Cataloging Data	--	(10)	--
	Total FY 82 Set-Aside Request		$195	

Notes:

( ) Non Set-Aside Funds
NYD Not Yet Determined

NLM 79-303

1. Project Title: Characteristics of AVLINE Use

2. NIH Evaluation Project Number: NLM 79-303. (This is a revised version of 79-303 as originally submitted.)

3. Agency Proposing: NIH-NLM

4. Cost and Funding Source: FY 82-$70,000 (Set-Aside funds*)
   FY 83-$70,000 (Set-Aside funds*)

   *This project is of sufficient importance that it is included also in the NMAC Program Plan and may be funded there if other funds are unavailable.

5. Program Evaluated: PHS-NIH-Biomedical Research-Library of Medicine

6. Purpose: The mission of the National Medical Audiovisual Center (NMAC) is to improve health professional education through the promotion of the use of audiovisual instructional materials. AVLINE is NLM's on-line data base which lists non-print media which have been reviewed by outside subject experts. The purpose of this study is a) to review and synthesize existing literature which concerns the process(es) by which college and university faculty, and especially health professions educators, identify, judge, and adopt or reject non-print instructional materials; b) to conduct one or more empirical studies to determine what reference tools and other information sources health professions educators consult in the course of identifying, judging, and adopting or rejecting non-print instructional materials; and c) to design the above study(ies) so that it (they) can indicate the role of AVLINE as an information source and of the several data elements which AVLINE can provide.

   The AVLINE service has been available to health professions educators since 1976, and it is now known, for example, that its users log approximately 100 hours per month of "connect time." However, virtually nothing is known concerning the actual nature of those uses, of the place they occupy in the broader decision-making process of educators in search of instructional materials, or of the influence or effects of AVLINE's various informational contents upon educators' ultimate decisions.

   It is expected that information developed through the study would assist the National Library of Medicine in changing AVLINE as required to reflect more specifically information used in the selection and acquisition process. It is also expected that additional data developed on possible alternatives will serve to identify research projects for the research and development program of the National Medical Audiovisual Center and ultimately result in the design of additional systems to enhance the ability of health professions faculty to select appropriate audiovisual instructional materials and apply limited resources in acquiring audiovisual materials which can be used most effectively.

7. Related Work: Preliminary studies are underway to determine the kinds of audiovisual materials which health professions educators purchase, as well as the nature and value of the films and video cassettes which they borrow from NMAC's materials loan programs. However, neither of these efforts directly addresses questions concerning the underlying audiovisual selection/adoption process or the more specific questions which relate to AVLINE's role and contributions to that process. Also, the preceding proposal represents an effort to define the nature (i.e., content, goals, format) of AV materials for which health professions educators have particular need but, as a project, it would yield little or no insight into how educators proceed toward meeting current needs.

8. Approach and Methodology: The methods to be employed in conducting a literature review require no explanation, but for the empirical studies, several generally complementary possibilities exist. Some of these are sketched below; however, it is recommended that potential contractors be free to propose and justify the study methods they would elect to use.

   In studying the use of the information sources by educators in search for materials, one might, for example, conduct individual interviews with a sample of educators who were known to have made recent searches. During the (probably structured) interview, each individual would be "debriefed" concerning the steps taken and the influential information derived from the search. This method is weakened by its dependence on individuals' memory and by the potential for perceptual distortions, yet it could yield useful preliminary clues. Another and somewhat better possibility would be to alert a group of educators to the general nature of the research questions to be answered so that the investigator could be invited in at the beginning of educators' authentic searches for materials and could observe and record the steps and branch points in the search process, as they occur.

   Two other related procedures would both involve recruiting a group of educators who would agree to participate in synthetic or contrived but plausible searches. Searches should be of a type which participants might undertake on their own initiative, but certain details which define a search would be determined by research requirements. Then as each search proceeds, a participant could either receive authentic information, when and as requested, or, in the alternative plan, could be given "manipulated" information specially created to appear authentic but which would, for example, systematically include or exclude certain classes of information, thus allowing tests of the effects of such information on participants' decisions. At the conclusion of the study, participants could be informed fully of study purposes, design, etc.

9. Primary Intended Users: The evaluation is intended to meet the information needs of the program managers and policy makers responsible for the program being evaluated in order to improve the efficiency/effectiveness of that program.

10. Application and Utilization of Findings: Study results would be employed to modify, whenever feasible, the contents and processes of AVLINE to achieve greater efficiency and greater responsiveness to user needs.

11. Date Project Description Prepared: May 12, 1981 (A revised version of an earlier project plan.)

12. Execution: Proposed to be done under contract since DHHS policy concerning the use of set-aside funds precludes hiring of in-house staff.

13. Project Monitors/Contacts:

Dr. Warren F. Seibert
Chief, Education Research and Evaluation Branch
National Medical Audiovisual Center
National Library of Medicine
Bethesda, Maryland 20209
Telephone: (301) 496-2475

Ms. Linda Kudrick
Chief, Materials Utilization Branch
National Medical Audiovisual Center
National Library of Medicine
Bethesda, Maryland 20209
Telephone: (301) 496-4244

14. Individual Requesting Project:

James W. Woods, Ph.D.
Director, NMAC

15. Coordination: NLM senior staff and NLM advisory groups will be involved in the coordination and review of this project. Technical review will be carried out through the NLM contract review system.

16. Information Collection Burden: Intensive collection of information in one or a few installations will be sufficient to answer the principal questions represented here. Further plans for data analysis are not now available.

NLM 82-301

1. Project Title: Online Services User Study. This study will examine the characteristics of NLM's online user community, i.e., who the users are, the purposes of their searches, and how much online search experience they have.

2. NIH Evaluation Project Number: NLM 82-301

3. Agency Proposing: NIH-NLM

4. Cost and Funding Source: Set-Aside, FY 82-$50,000

5. Program Evaluated: PHS-NIH-Biomedical Research-Library of Medicine

6. Purpose:
   a) Program impact.
   b) This project will collect data about NLM online services users' identities, the purpose of their searches, experience with online bibliographic services, and their satisfaction and/or problems with NLM online services. Findings are expected to inform Library management about relative disciplinary focus of users (e.g., basic biological sciences, clinical specialties, behavioral science, etc.) and their functional interests in information-patient care, research, teaching, public service. The results are expected to have implications for management,especially in modification of literature coverage, access tools,and techniques (see no. 7).

7. Related Work: The development of a new NLM automated search and retrieval system, MEDLARS III, is currently underway. The online user survey will provide valuable information about users' interests, capabilities, and satisfaction with current technology that will help shape the assumptions underlying the MEDLARS III design.

8. Approach/Methodology: A series of questions will be asked online, possibly supplemented by a telephone interview. The study will query searchers and end users about purposes, uses of information, experience with the system and related matters. A sample of users will be drawn, stratified by institution, time (of year, month), activity level, and perhaps other variables. Since the study population is users of the online search system, this appears to be the best approach to sampling and to offer marked economies of effort and money costs in identifying and securing the cooperation of respondents. An online closed-end, fixed alternative format (with response-contingent branching alternative questions) can probably provide most of the information needed. User satisfaction and measures of relevance may have to be obtained by telephone interview because the data on these questions will be generated by the printout from the search that will then have to be reviewed by the user.

9. Primary Intended Users: The evaluation is intended to meet the information needs of the program managers and policy-makers responsible for NLM online services, which are being evaluated in order to improve their efficiency/effectiveness.

10. Application and Utilization of Findings: Management responses will, of course, be contingent upon outcome of the survey. There are a number of possible kinds of response. For example, there is currently uncertainty about the adequacy of the Library's coverage of serials in medical behavioral science, and user satisfaction with search results could shape decisions in this area as well as affecting indexing practices and decisions about the controlled vocabulary (MeSH). The question of principal functional purpose of users has implications for emphasis on "knowledge-based" versus conventional bibliographic services. User needs can also impinge on the redesign of MEDLARS (see nos. 6 & 7 supra) . The cost of the survey will be relatively slight and its benefits to users are expected to exceed costs by helping to make the system more responsive and better adapted to user needs. Dissemination will probably not go beyond Library management but will be of great interest to NLM's bibliographic service operating divisions.

11. Date Project Description Prepared: May 8, 1981

12. Execution: Contract - appropriate expertise not available in-house.

13. Project Monitor/Contact: Dr. Henry Riecken
Senior Program Advisor, Office of the Director
National Library of Medicine
Bethesda, Maryland 20209
Telephone: (301) 496-4892

14. Individual Requesting Project: Dr. Martin M. Cummings, M.D.
Director, NLM

15. Coordination: NLM senior staff and NLM advisory groups will be involved in the coordination and review of this project. Technical review will be carried out through the NLM contract review system.

16. Information Collection Burden: This project will involve collection of identical data from 10 or more persons.

1. Project Title: Evaluation of NLM Programs in Medical Behavioral Sciences. This project will assess the adequacy of NLM bibliographic services in medical behavioral sciences and may extend to other programs, such as NLM's research activities, as well. The project is conceived as a long-term (two-year) study to be conducted in several phases, beginning with bibliographic services.

2. NIH Evaluation Project Number: NLM 82-302

3. Agency Proposing: NIH-NLM

4. Cost and Funding Source: Set-Aside, FY 82-$75,000
   FY 83-$75,000

5. Program Evaluated: PHS-NIH-Biomedical Research-Library of Medicine

6. Purpose:
   a) Program effectiveness.
   b) The announced scope of NLM interest in behavioral sciences includes their applications to problems of medicine and health as well as certain basic research aspects, but the exact boundaries of the Library's responsibilities need updating and redefinition. The area was last surveyed in 1967, and there have been major developments in these sciences as well as in Library practices and services since then. The overall purpose of this project is to assess the adequacy of NLM programs in medical behavioral sciences, broadly defined. This is a full-scale evaluation, beginning with several studies having a bibliographic services focus.

      The first phase of the project will be a comparative evaluation of the adequacy of the online bibliographic search services of the Library. This study will compare performance of MEDLARS with that of alternative data bases and search programs on typical bibliographic tasks confronting medical behavioral scientists.

      Findings are expected to indicate the comparative strengths and weaknesses of MEDLARS services. These findings are expected to inform policy decisions regarding literature coverage, indexing practices, and changes in the controlled vocabulary.

7. Related Work: The NLM user study (NLM 82-301) is closely related to this phase and will provide background information on medical behavioral scientist users' needs, purposes, typical tasks, and experience with online searching. These data will materially strengthen the design of the comparative performance study.

8. Approach/Methodology: Decisions regarding the approach to data collection must wait upon the completion of a literature survey that is currently underway, which is examining assessment methods that have been conventionally used. Following the literature survey, it may be necessary to conduct pilot or feasibility studies to test the practicality of proposed methods. Barring unexpected discoveries in the remaining literature search or unforeseen difficulties and opportunities for data collection, the evaluation method will probably be experimental in character.

   Basically, the evaluation task is to compare the performance (output) of several generally available automated bibliographic storage and retrieval systems and to assess their adequacy in meeting the information needs of plausible clients of NLM - predominantly behavioral scientists with an interest in medical and health topics. The first methodological task is to create or adapt output (performance) measures suitable for an online, interactive system. Subsidiary tasks involve identifying the significant independent variables that might affect performance outcomes. Current candidates for such variables are: bibliographic task, searcher's experience and training, search purpose, searcher/user interaction, and various database and system properties, but especially literature coverage, indexing practices, vocabulary (thesaurus) characteristics, and search method. Other variables may need to be controlled or measured (covariance analysis), but cannot at the moment be predicted.

   The study population of interest can be divided into at least two segments (and may have to be stratified within segment). One segment is end users: medical behavioral scientists who use the bibliographic materials for research, teaching, or practice; the other is searchers, usually professional librarians or information specialists who usually know the system better than they know the subject. Both segments must be sampled or, at least, their principal characteristics represented in the experimental performers.

   Although it is more costly, the method of controlled experimentation was chosen because it will produce more dependable results and is less open to ambiguity of interpretation. Prior work in this general area has often yielded contradictory results or "no difference" outcomes that can be attributed to uncontrolled variables. The practicality of experimentation on this problem has not been demonstrated, but awaits feasibility studies and pilot runs.

9. Primary Intended Users: The evaluation is intended to meet the information needs of the program managers and policy-makers responsible for NLM services.

10. Application and Utilization of Findings: The project is directed at Library management and its consequences will depend upon its findings. Presumably, the comparative test will identify and/or substantiate weaknesses in NLM bibliographic services for behavioral science and will direct attention toward remedial or ameliorative actions. Whether

such actions should be taken will, of course, be a management judgment in the light of competing alternatives for search resources.

Specifically, the findings are expected to affect decisions about literature coverage (scope) and retrieval programs. In light of the current work to revise the Library's retrieval systems and to develop the third generation MEDLARS system, this project is appropriately timed.

11. Date Project Description Prepared: May 8, 1981

12. Execution: Contract - appropriate expertise not available in-house.

13. Project Monitor/Contact: Dr. Henry Riecken
Senior Program Advisor, Office of the Director
National Library of Medicine
Bethesda, Maryland 20209
Telephone: (30) 496-4892

14. Individual Requesting Project: Dr. Martin M. Cummings, M.D.
Director, NLM

15. Coordination: NLM senior staff and NLM advisory groups will be involved in the coordination and review of this project. Technical review will be carried out through the NLM contract review system.

16. Information Collection Burden: NYD

NLM 82-401

1. Project Title: Analysis of the Use of NLM Cataloging Data

2. NIH Evaluation Project Number: NLM 82-401

3. Agency Proposing: NIH-NLM

4. Cost and Funding Source: FY 81 ($10,000) - NLM Account

5. Program Evaluated: PHS-NIH-Biomedical Research - Library of Medicine

6. Purpose:

NLM acquires and catalogs many monographs which are not acquired by other U.S. biomedical libraries. In order to best serve the users of NLM cataloging data, NLM staff attempt to assign highest cataloging priority and fuller cataloging treatment to those items which can be expected to be acquired by significant numbers of U.S. biomedical libraries. The proposed project will examine the specific characteristics of monographs held by multiple U.S. biomedical libraries in an attempt to identify additional distinguishing characteristics which can be used in priority assignment. At the same time, it will examine the overlap between the NLM collection and the collections of other biomedical libraries and identify any categories of monographs which other biomedical libraries are acquiring and cataloging faster than NLM is providing cataloging data for them, as well as any significant categories which NLM is not acquiring at all.

We already know that NLM's general collection policies parallel the collection policies of U.S. medical school libraries, except that NLM acquires a significant proportion of foreign language monographs (see related work below). We also know that U.S. biomedical libraries acquire current material and are most likely to acquire books with CIP (Cataloging in Publication) data, since these receive wider pre-publication announcement. NLM's present cataloging priorities are based on this knowledge.

The proposed project will examine the monographs and audiovisual collections of both medical school and hospital libraries and will indicate whether more specific distinctions among recent English monographs can be made in assigning cataloging priorities.

7. Related Work:

There have been several studies which support the following general conclusions: (1) U.S. biomedical libraries use NLM cataloging data when cataloging their own collections (e.g., recent Medical Library Association survey of cataloging practices of biomedical libraries in Region II. Unpublished data available at NLM); (2) NLM acquires and catalogs the great majority of monographs acquired and cataloged by other U.S. biomedical libraries (Day, Richard A., Bowden, Virginia M., and Kronick, David A., Comparison of the Holdings of NLM (CATLINE) with those of Resource Libraries, Bull Med Libr Assoc 1979 JAN 67(1) 25-30 and Kronick, David A., and Bowden, Virginia M., Management Data for the Collection Analysis and Development, Bull Med Libr Assoc 1978 OCT 66(4) 407-413.); (3) other U.S. biomedical

libraries collect very little foreign literature (see articles cited above); (4) NLM's acquisitions (and the acquisitions of other U.S. biomedical libraries) parallel the subject matter of items requested from the NLM on interlibrary loan (Craig, Daza Fox, and Strain, Paula Miese, Analysis of Collection Development at the National Library of Medicine, Bull Med Libr Assoc and NLM-78-5 Analysis of ILL Requests for Monographs).

The present project will provide more specific data on titles collected by U.S. biomedical libraries and will include data on hospital libraries (which are major users of NLM cataloging data).

8. Approach/Methodology:

The proposed project will be performed as an adjunct of a project to construct an online union catalog of monographs and audiovisuals held by Resource libraries and some hospital libraries in Region VII. Automated data on the overlap of these collections with each other and with the collection of the National Library of Medicine will be available after the construction of the base file is complete. Statistical reports will be generated for analysis by NLM staff.

The Region VII population is considered representative of U.S. biomedical libraries, and, as the necessary data can be obtained as a byproduct of the development of a needed service, the cost to the Government is minimal.

9. Primary Intended Users:

The evaluation is intended to provide the managers of NLM's cataloging operation with additional information which may assist in the more effective allocation of NLM cataloging resources.

10. Application and Utilization of Findings:

Current cataloging priorities and treatment will be reviewed in light of the findings. If changes in procedures can result in earlier availability of cataloging records needed by other U.S. libraries, these changes will be implemented. If significant gaps in NLM's acquisitions are identified, procedures will be reworked to fill them and avoid their recurrence.

Since the availability of NLM copy reduces the manpower required to organize the collections of over 3000 biomedical libraries in the U.S. and makes needed materials available more rapidly to health practitioners, any significant improvement in the provision of generally needed records has wide benefits to the biomedical community.

Results of the project will be reviewed by cataloging management staff as soon as they are available. Since the topic is of interest to the medical library community at large, the results will also be published in the medical library literature.

11. Date Project Description Prepared: 4/1/81

12. Execution:

The project will be performed as part of NLM contract for Regional Library Services in Region VII (NO1-LM-0-3502). See no. 8 above for reasons.

13. Project Monitor/Contract:

Sheldon Kotzin
RML Coordinator
National Library of Medicine
8600 Rockville Pike
Bethesda, MD 20209 tel: 301-496-4777

14. Individual Requesting Project:

Betsy L. Humphreys
Chief, Technical Services Division
National Library of Medicine
8600 Rockville Pike
Bethesda, MD 20209

15. Coordination:

Joseph Leiter, Ph.D.
Associate Director, Library Operations, NLM

William Cooper, Ph.D.
Associate Director, Planning, NLM

16. Information Collection Burden:

Does not require collection of data.

1. EDC ID No.: 1750 Project No.: NLM 77-2a

2. Entry Dates: 3.Status: Ongoing

4. Project Title: Regional Medical Library Program: Data Gathering

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NLM 7.Start/End Dates: 78/09,82/09

8. Performer: 10 Regional Medical Libraries

9. Agency Contact: Cooper, William G., Bldg. 38, Rm. M-140, NLM, NIH (301) 496-2311

10. Cost: FY 78-$80

11. Fund Source: Evaluation 12.Mechanism: Contract

13. Project No.: NLM 77-2a 14.Contract No.: NYD

15. NTIS No.: X-NYD 16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Library of Medicine

18. Evaluation Type: Program Impact

19. Descriptors: Library Services, Information Systems, Access to Services, Research and Evaluation Methods Feature

20. Abstract: The Regional Medical Library Program is a network of U.S. health science libraries with the goal of establishing a viable system that enables efficient and effective access to the totality of the Nation's health science literature for practitioners, researchers, educators, and students. The program, supported by the National Library of Medicine, provides for document delivery (interlibrary loans), extension services, education and training activities, and other related services. Planned as the beginning of a continuing function, this data gathering obtained information and data about the total volume and support of health interlibrary loans in the U.S., and its relationship to RML interlibrary loan activity. This data will be reported in the context of the final report for NLM 77-2b, the Comprehensive Evaluation of the RML Program.

Project No.: NLM 77-2b

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: A Comprehensive Evaluation of the Regional Medical Library (RML) Network

5. Report Title: NYD

6. Agency Sponsor: PHS-NIH-NLM

7. Start/End Dates: 80/09,81/09

8. Performer: Abt Associates, Inc., 55 Wheeler St., Cambridge, MA 02138

9. Agency Contact: Kotzin, Sheldon, Bldg. 38, Room M-133, NLM, NIH (301) 496-4777

10. Cost: FY 80-$100

11. Fund Source: Evaluation

12. Mechanism: Contract, In-house

13. Project No.: NLM 77-2b

14. Contract No.: NO1-LM-0-3538

15. NTIS No.: NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Library of Medicine

18. Evaluation Type: Program Management or Efficiency

19. Descriptors: Library Services, Information Systems, Access to Services, Research and Evaluation Methods Feature

20. Abstract: The Regional Medical Library Program is a network of U.S. health science libraries cooperating to improve and facilitate information access and transfer in support of health services, delivery, education, and research. The purpose of the contract was to determine if the present Regional Medical Library (RML) Network is functioning in the most efficient and cost-effective manner to provide information and delineate alternatives so the NLM can determine what changes in program, policies, and regional configuration should be considered to improve the performance. The evaluation was originally to have been conducted in six phases: Phase I - Study Plan, Phase II - Exploratory Evaluation and Evaluation Design, Phase III - Evaluation Design Review Meeting/Presentation, Phase IV - Collection and Analysis of Data, Phase V - Executive Review, and Phase VI - A Comprehensive Evaluation of the Regional Medical Library Network Report. Budget constraints imposed since initial award resulted in NLM requesting a modification to "fast track" certain tasks of the contract by September 30, 1981. Based upon the contractor's response, NLM has decided to terminate the contract at the convenience of the Government. NLM will incorporate the information collected so far in an internal evaluation and management decision leading to a more efficient operation of the RML Network.

Project No.: NLM 78-3

1. EDC ID No.:

2. Entry Dates: 3.Status: Complete

4. Project Title: Evaluation of Information Transfer Project

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NLM 7.Start/End Dates: 78/09, 81/06

8. Performer: King Research, Inc.; 6110 Executive Blvd., Rockville, MD 20852

9. Agency Contact: Siegel, Elliot R.; Building 38A, Room 75718, NIH; (301) 496-9300

10. Cost: FY 78-$40 ($16), FY 79-$68

11. Fund Source: Evaluation 12.Mechanism: Contract

13. Project No.: NLM 78-3 14.Contract No.: NO1-LM-8-4733

15. NTIS No.: X-NYD 16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Library of Medicine

18. Evaluation Type: Place Project or Technique

19. Descriptors: Information Systems, Information Processing, Library Services, Physicians, Research and Evaluation Methods, Field Test

20. Abstract: The National Library of Medicine's Lister Hill National Center for Biomedical Communications has developed a prototype computerized information transfer system that is intended to provide clinically meaningful and applicable knowledge in a language, format, and time frame immediately useful to the health practitioner. The disease "viral hepatitis" has been selected to serve as the initial test model. The present evaluation study assesses our experiences in creating and maintaining the Hepatitis Knowledge Base. It measures the extent to which the system is used and provides useful information at an acceptable cost to physicians in a variety of health settings. Its potential utility for medical decision-making and medical education is of central interest. Data on various aspects of system performance and user characteristics (generated by operating records, sample survey, and questionnaires) provide feedback to guide the ongoing development and refinement of the Hepatitis Knowledge Base, and the additional prototype knowledge bases under development by the Knowledge Base Program.

Project No.: NLM 78-4

1. EDC ID No.:

2. Entry Dates: 3.Status: Complete

4. Project Title: A Validated System for the Comprehensive Evaluation of the National Medical Audiovisual Center Training Program

5. Report Title: (a) A Case Study: An Evaluation System for Assessing Training Demonstration Programs of the National Medical Audiovisual Center; (b) A Trainer's Guide to Developing Learner-Oriented, Competency-Based Continuing Education Training Programs; (c) A Guide for Evaluation Learner-Oriented, Competency-Based Continuing Education Programs

6. Agency Sponsor: PHS-NIH-NLM 7.Start/End Dates: 78/09, 80-11

8. Performer: Carkhuff Associates; 22 Amherst Road, P.O. Box 228, Amherst, MA 01002

9. Agency Contact: Weisberg, Michael, Bldg. 38A, Rm. B1N30G, NLM, NIH, (301) 496-6280

10. Cost: FY 78-$50 ($23)

11. Fund Source: Evaluation & In-house 12.Mechanism: Contract

13. Project No.: NLM 78-4 14.Contract No.: NO1-LM-8-4719

15. NTIS No.: X-NYD 16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Library of Medicine

18. Evaluation Type: Program Management or Efficiency

19. Descriptors: Health Manpower Training

20. Abstract: The National Medical Audiovisual Center (NMAC) conducts a national training program for health professionals. Training activities emphasize the application of principles and concepts from instructional technology to the practice of health sciences education. The purpose of this evaluation study was to develop and field-test a set of procedures and instruments for NMAC to use in the evaluation of its training program. The target audience was health professional teachers. Instruments were developed and field-tested to collect the following data: (a) biographical information on participants; (b) information on sponsoring institutions; (c) pre-post test performance of participants; and (d) subjective attitudes and feelings. The study results have been delivered to NMAC in the form of three documents as stated in (5) above. No dissemination plan has been implemented. The study results consist of the validated evaluation procedures and instruments for NMAC to use in evaluation of its training program.

Project No.: NLM 79-302

1. EDC ID No.:

2. Entry Dates:

3. Status: Deferred to FY 1982

4. Project Title: Analysis of Interlibrary Loan Requests for Serials Services

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NLM

7. Start/End Dates: 82/01, 82/06

8. Performer: In-house

9. Agency Contact: Cain, James, Bldg. 38, Room A58, NLM, NIH
(301) 496-5511

10. Cost: FY 82-($5)

11. Fund Source: In-house

12. Mechanism: In-house

13. Project No.: NLM 79-302

14. Contract No.: NA

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated:
PHS-NIH-Biomedical Research-Library of Medicine

18. Evaluation Type: Research and Data Development

19. Descriptors: Library Services, Statistical Data, Statistical Analysis Methods

20. Abstract: To provide more rapid dissemination of biomedical information, the Library has developed a network arrangement through which the biomedical literature can be shared more efficiently by medical libraries around the nation. NLM processed a total of 280,000 interlibrary loan (ILL) requests in FY 1980. Of these, approximately 90 percent were for photocopies of articles from serial publications. The purpose of this study is to examine the origin, magnitude, and characteristics of the ILL demand for serials and NLM's current response to the network needs which it reflects. This task will be accomplished through an indepth analysis of requests for serials directed to NLM as the backstop to the Regional Medical Library Network. The major objectives of the study are as follows: a. To provide data to improve program management and efficiency through a description and analysis of requesting institution characteristics and needs as indicated in their ILL requests for serials as correlated with NLM's ability to satisfy those needs as determined by its responses. b. To develop a methodology and criteria such that future interlibrary loan studies may be conducted in the same terms for purposes of comparison. Data for requests submitted to NLM by the Regional Medical Libraries (RMLs) using an automated ILL request entry capability will be analyzed in combination with machine-readable bibliographic data from NLM's Master Serials System. A methodological, descriptive, and analytical report will be prepared.

Project No.: NLM 80-401

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Evaluation of Medical Library Resource Project Grant Program

5. Report Title: X-NYD

6. Agency Sponsor: PHS-NIH-NLM

7. Start/End Dates: 79/11, NYD

8. Performer: NLM-Extramural Programs, 8600 Rockville Pike, Bethesda, Md. 20205

9. Agency Contact: Richard T. West; Building 38-A, Room 5S-504, NIH; (301) 496-3113

10. Cost: FY 81-($8)

11. Fund Source: NLM Account

12. Mechanism: In-house

13. Project No.: NLM-80-401

14. Contract No.: NA

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Library of Medicine

18. Evaluation Type: Program Impact

19. Descriptors: Library Service, Information Systems

20. Abstract: Evaluation of the Medical Library Resource Project Grant Program, one of the NLM Extramural Programs authorized by the Medical Library Assistance Act. From 1971 to 1978 approximately $14.5 million has been expended in almost 900 awards to health science libraries for the purpose of improving information service activities. The evaluation will determine program impact, identify areas of program modifications, if needed, and recommend future activity in terms of present needs. Results will assure continued development of health information services and systems in the most efficient and effective manner possible.

The results of some NLM projects currently underway or beginning will relate to the Project Grant evaluation: the evaluation of the Regional Medical Library Program (NLM 77-2) and the communication of results from NLM-supported library research and development activities.

Three years ago a similar evaluation was completed for the Medical Library Resource Improvement Grant Program. Results were reported and the program was modified to be more responsive to current needs.

Project No.: NLM 80-402

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Consultant Review of Lister Hill Center Programs

5. Report Title: NYD

6. Agency Sponsor: PHS-NIH-NLM

7. Start/End Dates: 79-10,NYD

8. Performer: NLM Lister Hill Center, 8600 Rockville Pike, Bethesda, MD 20209

9. Agency Contact: Dr. Lionel Bernstein; NIH, Bldg. 38A, Room 7N711; (301) 496-4414

10. Cost: FY 80- $(4); FY 81-($10); FY 82-($10); FY 83-($10)

11. Fund Source: NLM Account

12. Mechanism: In-house & P.O.

13. Project No.: NLM 80-402

14. Contract No.: NA

15. NTIS No.: NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Library of Medicine

18. Evaluation Type: Program Strategy

19. Descriptors: Library Services, Information Systems

20. Abstract: On April 30-May 1, 1981 the R&D programs of the Lister Hill National Center for Biomedical Communications underwent review by the newly appointed, eight-member Board of Scientific Counselors. The Board was supplemented by three members of the NLM Board of Regents at its first meeting.

The Board reviewed seven R&D activities of the Lister Hill National Center for Biomedical Communications: 1) document storage, retrieval and distribution; 2) video processing laboratory; 3) integrated library system; 4) digital videodisc; 5) distributed information delivery systems; 6) advanced terminal system; and 7) the Knowledge Base Research Program. The Board divided into several working groups, which reviewed individual programs in detail and then reconvened for Board review of the individual groups' findings.

The Board of Scientific Counselors concluded that the LHNCBC programs were scientifically and technically sound. They identified the need for more explicit planning in some areas, the need for greater inter-branch collaboration in specific areas, and some need for increased Center-wide cohesiveness of its research and development.

The findings of the Board of Scientific Counselors were presented to the NLM Board of Regents on May 28. The next meeting of the Board of Scientific Counselors is tentatively scheduled for the first week in October, 1981.

Project No.: NLM 80-403

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Consultant Review of MEDLARS III

5. Report Title: NYD

6. Agency Sponsor: PHS-NIH-NLM

7. Start/End Dates: 79-05/NYD

8. Performer: NLM MEDLARS III Task Force, 8600 Rockville Pike, Bethesda, MD 20209

9. Agency Contact: John E. Anderson; Bldg. 38, Rm. 134, NIH, 496-3497

10. Cost: FY 80-($7); FY 81-($25); FY 82-($25); FY 83-($25)

11. Fund Source: NLM Account

12. Mechanism: In-house & P.O.

13. Project No.: NLM-80-403

14. Contract No.: NA

15. NTIS No.: NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Library of Medicine

18. Evaluation Type: Program Strategy

19. Descriptors: Library Services, Information Systems

20. Abstract: In Nov. 1980, the Director of the NLM appointed a MEDLARS III Development Team to develop, by January 1982 ADP specifications for future automation at NLM. This activity will provide NLM Library Operations with a significant program performance evaluation as the development of the new system requires extensive analysis of current operations and a delineation of alternatives for the future. The development of MEDLARS III is being carefully reviewed by staff, the Library community, and outside experts. These reviews will lead to further refinement of the plans for MEDLARS III development. One of these reviews, which was conducted by consultants in January 1981, addresses the problem of the reasonableness of the concept and the soundness of the proposed approach to the development of MEDLARS III. The results of the expert consultant review were confirmation of the basic soundness of the concept and proposed systems approach, and the identification of some potential problem areas which were recommended to be further detailed development of MEDLARS III.

Case-by-case evaluation of the components of MEDLARS III (which are identified in the milestone charts in the project documentation on file at NLM) is a basic program performance evaluation activity in FY 1982.

Project No.: NLM 80-404

1. EDC ID No.:

2. Entry Dates:

3. Status: Ongoing

4. Project Title: Medical Library Assistance Act Program Performance Evaluations.

5. Report Title: NYD

6. Agency Sponsor: PHS-NIH-NLM

7. Start/End Dates: 74/09,84/09

8. Performer: NLM Extramural Programs, 8600 Rockville Pike, Bethesda, MD 20209

9. Agency Contact: Mr. Richard West; NIH, Bldg. 38A, Rm. 5S504, 496-3113

10. Cost: FY 77-($16): FY 81-($8)

11. Fund Source: NLM Account

12. Mechanism: In-house

13. Project No.: NLM 80-404

14. Contract No.: NA

15. NTIS No.: X-NYD

16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Library of Medicine

18. Evaluation Type: Program Impact

19. Descriptors: Library Services, Information Systems

20. Abstract: NLM has six grant programs authorized by the Medical Library Assistance Act (MLAA) of 1965. They are:

- Research Grants
- Training Grants
- Publication Grants
- Special Scientific Project Grants
- Resource Project Grants
- Resource Improvement Grants

Program performance evaluations have been conducted, are underway, or are planned for each of these grant programs.

The general approach for these studies has been to use in-house staff supplemented by consultants as appropriate. More detailed information will be contained in program performance summaries to be prepared for each grant program.

Project No.: NLM 80-405

1. EDC ID No.:

2. Entry Dates: 3.Status: Ongoing

4. Project Title: National Medical Audiovisual Center Internal Program Evaluation

5. Report Title: NYD

6. Agency Sponsor: PHS-NIH-NLM 7.Start/End Dates: 80/03,82/12

8. Performer: National Medical Audiovisual Center, 8600 Rockville Pike, Bethesda, MD 20209

9. Agency Contact: Dr. William G. Cooper; NIH, Bldg. 38A, Rm. B1N14B; (301) 496-3547

10. Cost: FY 80-($20); FY 81-($20); FY 82-($20)

11. Fund Source: NLM Account 12.Mechanism: In-house

13. Project No.: NLM 80-405 14.Contract No.: NA

15. NTIS No.: X-NYD 16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Library of Medicine

18. Evaluation Type: Program Impact

19. Descriptors: Library Services, Health Manpower Training

20. Abstract: The mission of the National Medical Audiovisual Center is to improve health professional education through expanding the use of audiovisual instructional technology. Research and development of new methods to apply instructional technology, including the collaborative design and production of experimental instructional media, combine with programs to provide technical users within the health science community. NMAC program reviews have been undertaken with NLM executive staff, peers within NLM in related research programs, other government agencies and selected consultants and focused on the selection of areas of research and service, on priorities for project development, on the efficiency and effectiveness of individual activities, and the successful synchronization within NMAC programs and with parallel NLM efforts in related disciplines and technologies. An extensive program plan and document is now in the final editing stages. It includes a review of NMAC's official mission, of its staff and facilities, and it then identifies nine program goals that are directed toward advancing NMAC's achievement of its mission. In addition, under these nine goals, each of the ongoing NMAC projects and services is described, together with (an unevenly distributed) total of nine new projects which are proposed for early implementation.

Project No.: NLM 80-406

1. EDC ID No.:

2. Entry Dates: 3.Status: Ongoing

4. Project Title: Computer Performance Measurement

5. Report Title: NYD

6. Agency Sponsor: PHS-NIH-NLM 7.Start/End Dates: 79/04,82/06

8. Performer: NLM Office of Computer and Communications Systems;
8600 Rockville Pike, Bethesda, MD 20209

9. Arency Contact: Harry D. Bennett; NIH, Bldg. 38A, Rm. 25222; 496-1351

10. Cost: FY 79-($50), FY 80-($50), FY 81-($50), FY 82-($50)

11. Fund Source: NLM Account 12.Mechanism: In-house

13. Project No.: NLM 80-407 14.Contract No.: NA

15. NTIS No.: X-NYD 16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Library of Medicine

18. Evaluation Type: Program Effectiveness/Efficiency

19. Descriptors: Information Systems, Library Services

20. Abstract: NLM has a large-scale computer system which is used to provide on-line access for the medical community to the bibliographies of medical literature.

This project is evaluating the performance of the system in relation to its increasing workload. Decisions regarding restrictions to be placed upon projected growth and/or requirements for additional equipment will be based upon results of the evaluation. Performance statistics of the system will be collected over time and trends determined.

Computer performance measurement is a critical part of NLM's ongoing program performance evaluation activities.

Project No.: NLM 81-401

1. EDC ID No.:
2. Entry Dates:
3. Status: Ongoing

4. Project Title: Feedback Survey of NMAC's Film Videocassette Loan Program Clients
5. Report Title: NYD

6. Agency Sponsor: PHS-NIH-NLM-NMAC
7. Start/End Dates: 80/11, 82/05

8. Performer: National Medical Audiovisual Center

9. Agency Contact: Eldon Ullmer, Bldg. 38A, Rm. B1N14F, 496-2476

10. Cost: FY 81-($5); FY 82-($5)

11. Fund Source: Intramural

12. Mechanism: In-house effort plus support by contractor presently responsible for NMAC film distribution program (Association Films, Inc.)

13. Project No.: NLM 81-401
14. Contract No.: NA
15. NTIS No.: NA
16. ERIC No.: NA

17. Program(s) Evaluated: PHS-NIH-Biomedical Research-Library of Medicine
18. Evaluation Type: Program Management or Efficiency

19. Descriptors: Educational Technology, Survey or Questionnaire Feature, Health Manpower Training, Media, Access to Services, Program Coordination, Research and Evaluation Performance

20. Abstract: The National Medical Audiovisual Center, NLM, provides a free audiovisual loan service to health science professionals making approximately 50,000 loans per year from a library of about 1000 films and videotapes. Previous evaluations of the loan program and its effects at user institutions have shown highly positive attitudes toward the program in general while indicating a need to perform additional evaluations to identify areas of need within the collective and specific items for removal from the library. The purpose of this project is to survey users of the NMAC audiovisual loan program to gather information essential to decision-making with respect to library additions and deletions.

A survey form has been designed to elicit information from users on the nature of the use of the audiovisual - course, student population, setting, etc. - and the contribution it made to the learning process. The form will be mailed to users in the film container and will be returned to NMAC by direct mail. Approximately 20,000 responses are anticipated. Survey responses will be analyzed to determine patterns of utilization of items presently in the NMAC collection, to establish priorities for new acquisitions, and to identify items no longer of use to health scientists. The results of the study will bear directly on NMAC policy for managing the audiovisual loan program and for program efforts to encourage adoption of media and other innovations.

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